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Who Shapes the Future?

According to Donald A. Laird, "it takes dissatisfaction to get useful ideas going." Many nurses have been expressing various forms of dissatisfaction through letters to their local newspapers and in other ways within recent months. Destructive criticism, tearing down of hard-won standards, and talk that is detrimental to all that is fine and sincere in our professional life are not likely to produce the "useful ideas" which should evolve from our dissatisfaction with things as they are.

An analysis of some of the causes of this apparent unrest reveals that nursing is reflecting the general turmoil that affects the whole working world. Chief among these problems is shortage of personnel which results in longer hours of duty. Nurses, many of them whom have not been engaged in active practice for years, are finding a return to work a fairly strenuous undertaking. Being physically tired they are inclined to take a morbid view of the present situation as they find it in our ever-busy hospitals. They decide that nurses are not what they were ten, fifteen, twenty years ago. Another complaint concerns salaries. Though they are higher in most localities they still are low compared to what a woman in a war plant is getting, and that — after all the years of training and experience! Supervisors, head nurses, instructors are young and inexperienced and there seems no prospect of an immediate improvement. These and many other dissatisfactions are heard from every province.

None of these problems is new. All of them have been recognized by our nursing organizations but whereas the individuals who give voice to their complaints suggest little that is constructive or positive in connection with them, our national and provincial associations are striving with genuine earnestness to reach some solutions which will be beneficial not only to the nurses as individuals but also to the communities which they serve. New supervisors and instructors are being qualified as rapidly as they can be spared from their regular jobs to attend university. Governmental support has provided bursaries to augment the students' own savings. Adjustments have been made where feasible in hours of work. Lay personnel have been added to assume many non-nursing duties and to relieve the hard-pressed general staff nurses. So something is being done — perhaps not enough, perhaps not in all the situations, but there is a definite awareness of the state of affairs that exists.

What of the future? Who shall decide what it shall hold for nurses and nursing? We have the current dissatisfaction. Have we the useful ideas which may be enlarged and developed to make that future brighter? Are we sufficiently vocal as a group to build wisely and well on the strong foundations our predecessors have laid? Or would the vast majority of our nurses prefer to let someone else make the plans for our professional growth? Who shapes the future?

—M. E. K.

What about Psychiatric Nursing?

C. M. Crawford, B.A., M.D., C.M., F.A.C.P.

Consulting internists are agreed that anywhere from thirty to fifty percent of all those who throng the consulting rooms of specialists are suffering from functional or psychogenic disorders although they may complain only of physical symptoms. As a matter of fact, our greatest medical specialists to-day insist that there is no such thing as a purely physical or a purely mental illness. Indeed, they are inclined to describe most illnesses as being psychosomatic illnesses. If you will recall the derivation of the word "psychosomatic" from the two Greek words "psyche" meaning "the mind" and "soma" meaning "the body", you will note that the term "psychosomatic" conveys this idea in a very concise way. Most of us would consider pneumonia to be a purely physical illness. However, when a patient realizes or is told that he has this serious illness he is definitely affected by that knowledge and he becomes as a rule, restless, anxious, fearful and even has a tendency to misinterpret to some degree the attitudes of those about him, especially his nurse and his relatives. Furthermore, the high temperature which he may run may so affect his mental processes that he becomes definitely unclear as to his surroundings or in other words, suffers a clouding of consciousness. So we see that even pneumonia has its psychosomatic aspects.

Unfortunately, I must admit that the psychological aspects of illness are not adequately appreciated by many general physicians. Dr. Robert Percy Smith, formerly consulting physician to the Charing Cross and St. Thomas' Hospital, London, England, in an address stated: "I would sooner have a nurse trained in a mental hospital for a case of bodily illness than a general hospital trained nurse for a case of mental illness." I am certainly not casting any reflections upon the training received by the nurses in a general hospital except that I definitely feel that in many cases these nurses do not receive sufficient psychological and psychiatric training. In most general hospitals they receive a few lectures in psychology and psychiatry followed up by a single Cook's tour through the nearest mental hospital. It is the feeling of many advanced thinkers along nursing lines that general hospital nurses should spend an affiliation course in a mental hospital of three to six months.

Psychiatric nursing is one of the most difficult branches of nursing because in many cases there is little or no co-operation on the part of the patient and often indeed, active opposition. Unfortunately, many mentally ill patients have to be brought to the hospital against their wishes due to the fact that they are unable, or unwilling, to face the fact that they are mentally ill. Hence, they are unwilling at first to accept treatment. In many cases, also, they have been deceived as to where they are being taken which is a very reprehensible thing to do. Every patient who has to be taken to a mental hospital should be frankly told so even if it involves resistance on his or her part.

The public generally have many misconceptions regarding the outlook in mental illness. In fact, they think that over the portals of mental hospitals should be written the motto "Abandon hope all ye who enter here." Those who have spent months and years on the wards of mental hospitals know how erroneous this idea is. Patients come in completely confused, hallucinated and deluded and as a result of special measures used in their treatment return to their home environment completely restored to mental health. Patients suffering from deep depressions enter the hospital and spend most of their time seeking ways to commit suicide. Such patients receive a few metrazol treatments and go out of the hospitals perfectly well mentally. Patients enter in a state of deep stupor, mute, negativistic and inaccessible and under the stimulus of electro-coma start to take an interest in things and in a few short weeks return to their home and work. Likewise the wonderful effects of occupational therapy patiently applied to apparently dissociated cases often lead to an almost dramatic return to normal interest in the ordinary affairs of life. The normal recovery rate in modern mental hospitals is between forty and fifty percent. Of course, there are patients who are hopeless from the beginning but the outlook for such cases is not any worse than that for cancer, advanced heart disease, lung disease or chronic arthritis. The daily lives of even such hopeless cases can be made much more bearable by appropriate nursing and psychiatric care.

Dr. H. B. Atlee, professor of gynecology and obstetrics in Dalhousie University, in an article on "The Future of Nursing" in ***The Canadian Nurse*** stated that "the charge-nurse of the future will be a definitely trained psychiatrist as well as being a nurse and in psychiatry she will be able to create a very definite part of her new world." According to Dr. Atlee (who is himself not a psychiatrist but who, unlike many physicians, appreciates the importance of psychiatry) this charge-nurse will largely train the junior nurses, medical students and even that autocrat of the breakfast table, the medical interne. Further quoting Dr. Atlee:

> As medical workers we are still obsessed with the physical basis of disease and all of our efforts are bent towards removing those purely physical causes. We forget that no person is sick in body alone but that whenever disease has gained a real foothold, the mind as well as the body requires therapy. I am convinced that until doctors and nurses realize that there is no such thing as sickness of the body without sickness of the mind, until we prepare ourselves to nurse the mind as effectively as we now nurse the body, we will continue to strew the community with surgical relics who will go seeking relief through all the quackeries. Mental ill-health is increasing more rapidly than any other type of disease, over-crowding our hospitals and prisons and actually threatening our civilization. If we are to overcome this in-

creasing tendency towards mental ill-health and maladjustment we must not only start with the child in its earliest years, we must go behind the child and work on parents and relatives who, all too often, are the causes of mental maladjustment.

Confucius, that wisest of the Chinese said, thousands of years ago in discussing higher education: "When one is upset by anger, then the mind has lost its balance; when one is disturbed by fear, then the mind has lost its balance; when one is blinded by love, then the mind has lost its balance; when one is involved in worries and anxieties, then the mind has lost its balance. When the mind isn't there, we look but do not see, listen but do not hear and eat but do not know the flavour of the food." Samuel Butler, author of "The Way of All Flesh", a contemporary and opponent of Charles Darwin, stated: "All our lives long, every day and every hour, we are engaged in the process of accommodating our changed and unchanged selves to changed and unchanged surroundings; living in fact is nothing else than this process of accommodation; when we fail in it a little, we are stupid; when we fail flagrantly we are mentally ill; when we suspend it temporarily we sleep; when we give up the attempt altogether, we die."

The application of psychiatry to world affairs is seen in a recent book written by Dr. R. M. Brickner, entitled "Is Germany Curable?" Psychiatry is rising to assume the ancient mantle of philosophy as the student and interpreter of human affairs as a whole. Its field is the investigation and understanding of the activities of mankind. Dr. Brickner proposes that psychiatry should apply its specialized knowledge to the problems of the peace and shaping of the future world. He believes that Germany as a national group is suffering from a mental trend which approaches paranoia, as grim an ill as the mind is heir to. This condition, he claims, has been evidenced throughout at least five generations in German history. Lord Vansittart, on the other hand in his brochure "Black Record", states that this trend has been evident in the Germans ever since the time of Julius Caesar. Dr. Brickner contends that "Neville Chamberlain did not know a paranoid when he saw one" — and we may also add neither did Daladier of France, Albert of Belgium, Wilhelmina of Holland, Franklin D. Roosevelt of the United States or William Lyon Mackenzie King of Canada. Alfred Korzybski, addressing the American Psychiatric Association meeting in May, 1940, declared:

> If the Governments of the world had employed a group of experts on mental disorders years ago, as a part of their duties they would have studied "Mein Kampf". Evaluating the tragic situation, they would have reported officially years ago that a sick man was getting into power and could have predicted the consequences. Allied control of the new Germany must be maintained until an indefinite time when Germans themselves are taught to recognize paranoid reactions when they see them and thus to reject paranoid leadership.

As a result of twenty-eight years spent in the mental hospitals of Ontario and twenty-five years spent in lecturing to medical students and nurses-in-training on the subject of psychiatry, I should like to give nurses some advice which I believe will be of value to them. It is customary to emphasize all the virtues which the graduate nurse should possess. She should have infinite tact, infinite patience, infinite kindliness, infinite sympathy — infinite everything. When I think of this catalogue of virtues which she is supposed to possess, I cannot but be sympathetic with the poet quoted in Henry Festing Jones's Biography of Charles Butler:

Searcher of Souls

Searcher of souls, you who in heaven abide,
To whom the secrets of all hearts are open,
Though I do lie to all the world beside,

From me to you no falsehood shall be spoken.
Cleanse me not, Lord, I say, from secret sin,
But from those faults which he who runs
may see;
'Tis these that torture me, O Lord, begin
With them and let the hidden vices be.
If you must cleanse these too, at any rate
Deal with the seen sins first, 'tis only reason,
They being so gross, to let the others wait
The leisure of some more convenient season,
And cleanse not all, even then; leave me a
few,
I would not be, not quite, so pure as you.

Or as another poet puts it in a somewhat different vein:

The rain it raineth every day
Upon the just and unjust fellers,
But more upon the just because
The unjust take the just's umbrellers.

I should like to advise nurses to take the very best care of their health both physical and mental. Unless they are well they will have no zest for life or work. This means that they should have a periodic check-up. This check-up should be carried out by a well qualified internist, especially one who has been also psychiatrically trained. They should be careful to secure adequate rest. They should arrange their leisure hours and pleasures so that when they go to bed they will not meet themselves getting up in the morning.

I would also strongly recommend nurses to cultivate a hobby. The nature of this hobby I would leave to their individual inclinations. It is most unwise for any professional worker to read and think only along his own lines. This results in narrow-mindedness or a one-track mind and a marked retraction in interest. Among many satisfying hobbies are the cultivation of flowers, the study of birds, collecting of stamps, literature, music and art. May I remind them in this connection that the late Sir Frederick Banting was a skilled painter. These hobbies will tend to rest their minds from many of the sordid aspects of life which physicians and nurses see and will afford them relaxation and infinite pleasure.

I would also advise them to strive to keep up-to-date in their methods by subscribing to good journals such as *The Canadian Nurse*, *The Canadian Hospital*, and *The American Journal of Nursing*, etc. A definite amount of their leisure time should be devoted to perusing such journals. A systematic card index system will enable them to keep a summary of interesting articles. They should also be on the look-out for refresher courses in nursing and attend the meetings of the Provincial Registered Nurses Association.

They should cultivate independent thinking. They should not be willing to accept their opinions ready made. They should think things through for themselves, demand valid reasons for statements made, avoid emotional and wishful thinking, avoid rationalization but cultivate reasoning. They should not be mere parrots repeating familiar phrases. The biological process of evolution has resulted in the final development from a uni-cellular aquatic animal of a highly organized being with an extremely complex and integrated nervous system called man. Use should be made of this brain with which nature has equipped us or, in accordance with a pathological law, it will atrophy from disuse.

Nurses should not think that because they have secured their diplomas their studying days are over. They have only just begun. They have merely reached the point where they can begin to appreciate the possibilities of adult education. It used to be thought that learning capacity ended at sixteen or eighteen. We now know that it is a continuing process. A few years ago a retired man of seventy years of age entered the Summer School of one of our Canadian Universities to take up a course in economics. H. G. Wells, the eminent English thinker and novelist, recently enrolled at seventy-seven in London University as a postgraduate student in biology. I strongly advise nurses to keep up their reading and not to lose interest in the serious affairs of life.

Nurses should endeavor to put their knowledge of psychology and psychiatry to practical uses. These subjects will assist them greatly in understanding the reactions of other people as well as of themselves. Again — when they are thinking of taking a life partner they should not forget the important role of heredity in the causation of illness both physical and mental. Therefore, they should scrutinize carefully the family history of their intended and if that family history is loaded down with mental invalids they should think twice before entering that family. There is no excuse, save ignorance (or I suppose it may be the blindness of love) for anyone to ally herself or himself by marriage to a bad family stock.

I really cannot close without pointing out what opportunities there are along the lines of mental nursing. Bright as is the future of public health nursing, I do not think that it compares with psychiatric nursing as a future for ambitious young nurses. More and more the necessity for mentally trained nurses is being recognized. Psychiatric clinics are being opened up all over the continent. Psychological and psychiatric examinations are being used more and more in the courts, in large manufacturing concerns and in social service organizations. The vast majority of the complaints of mankind are largely psychogenic in character, and more and more cases are being referred to the psychiatrist for advice regarding readjustment. Judges and city magistrates are realizing that very many of the prisoners who come before them require mental examinations in order that injustice be not done. Our large reformatories and penitentiaries are filled with individuals who need psychological and pyschiatric treatment. Dr. Harry Emerson Fosdick in his recently published book "On Being a Real Person" says "Add to this number the mentally and emotionally unstable people who have escaped hospitalization but who find life a curse to themselves and make it a burden to their friends and the resultant weight of human woe due to personal abnormality is immense." Therefore, I would like to commend to nurses the future of psychiatric nursing. I do not think they will ever regret going into this work.

"Global Epidemiology" – A New Treatise

"Global Epidemiology", Volume 1 of a series on the geography of disease and sanitation covering especially India, the Far East and the Pacific Area, will be published shortly. This volume of over 470 pages is by Brig. General Simmons, Chief of the Preventive Medicine Service, Office of the Surgeon General; by Lieut.-Colonel Gaylord W. Anderson, M.C., Director of the Medical Intelligence Division; by Lieut.-Colonel Tom. F. Whayne, formerly Director of the Division, and by Major Harold M. Horack, Chief of the Dissemination Branch.

In commenting on the volume, Dr. Morris Fishbein, writes: "The material in this volume represents the first collection of its kind. There is under one cover everything medical that is of importance in the prevention of disease among troops, industries, visitors or others coming into various countries of the world".

Office of the Surgeon General
Technical Information Division
Washington, D. C.

Reducing Juvenile Delinquency

KENNETH H. ROGERS

Two great strides have been made during the past three decades in our attitudes toward and treatment of delinquency in children. The first change is the growing conviction that such delinquencies are possible expressions of personality maladjustments which may be in need of medical, and more especially, psychiatric investigation and treatment. In centres of average enlightenment we no longer immediately fine or imprison youthful "thieves", "burglars", "firesetters", "sex delinquents" or "incorrigibles". The second improvement is in the development of juvenile courts as a more humane and scientific way to treat, control, and prevent juvenile crime. These two features of our changing interest in community welfare are of course closely related. The second, indeed, may be a functional expression of the first. Thus, where we have a juvenile court in a community, presided over by a socially-minded judge, supplied with an efficient staff of probation officers and a pediatrician-psychiatrist, we have an excellent illustration of this inter-relationship. Such an institution should be able to play an eminent role in the fields of mental hygiene and crime prevention.

Those who think that our attitude has not changed much in these matters during the last century should consider the following excerpts from an old register in Stafford prison, England: in 1837, Matilda Seymour, aged ten years, for stealing one shawl and one petticoat was sentenced to seven years in prison; in 1835, Thomas Bell, aged eleven years for stealing two silk handkerchiefs was sentenced to seven years in prison; in 1843, just one hundred years ago, William Careless, a sixteen-year-old lad, for the theft of one spade, was sentenced to ten years.

How different the approach is today! Take for instance, the Children's Court over which Dr. William Clarke Hall presided for so many years in England. Here was a judge who was willing to spend many hours, if need be, to unravel the problems, to search for the underlying causes, and to decide in a humane manner the right treatment for each young offender. Or again, consider the outstanding juvenile courts of the United States and Canada where a kindly questioning of boys and their parents may lead to a week's remand while a complete social investigation is made including medical, psychological, psychiatric and observation of home reports. All this valuable analytical material serves as a background for readjusting the child's interests and attitudes, and leads toward a re-building of character in the child who has thus far been neglected.

During these same years, other forces have played their part in preventing boys from reaching the juvenile courts. A great many agencies, some relatively transient and others more permanent, have rendered services in this field quite out of proportion to the credit accorded them.: It seems to be very much easier to secure interest, sympathy, and publicity for the treatment of crime and illness already rampant than for the prevention of that crime or that illness. This is especially applicable if the forces to be influenced are personal or social.

The Boy Scouts, Boys' Clubs, Settlement Houses, church boys, and girls' groups, the Y.M.C.A.'s, the many social work agencies, etc., have stemmed a tide of child crime and social dependency the magnitude of which we can only surmise because their existence has prevented its occurrence. One evidence of this may be found in statistical reports which suggest that while total or adult crime in Canada has shown a steady increase from 1881 until the present, juvenile delinquency has shown relatively little change from 1926 until the beginning of the war, since when it has increased in disturbing proportions. There is certainly much evidence to support the belief that had it not been for these treatment and preventive services, Canada might have been faced with a sorry picture of juvenile delinquency during the past two decades. Especially overlooked in this matter of giving credit where credit is due are the social work agencies which deal with the individual boy and girl on a case-work basis. On the treatment side, we think of the psychiatric clinic and the probation service of the juvenile court, and the placement agency which accepts the responsibility of finding foster homes for delinquents and supervising them while they are there. On the prevention side, there are the case-work agencies serving children in their own homes, the child-guidance clinics, the child-protection agencies, and some youth service agencies. A good illustration of a boys' social work agency carrying out a guidance program on a case-work basis is the Big Brothers in Toronto.

The careful study and guidance of the individual, the "case-work approach", has special value in preventing delinquency· By this approach to the behaviour problems, many boys and girls may be helped to make adjustments and saved from the difficulties and tribulations of authoritative methods. This approach rarely limits itself to the child alone; the worker is usually led into the family situation through interest in the child. In approximately 85 per cent of children's maladjustments, some of the "constellation of causes" have their roots in the child's home. The caseworker, therefore, by getting into the family endeavours to work with the causes that exist there. The social worker of the case-working agencies makes frequent use of psychological and psychiatric resources. Out of the exploration of a problem develops a plan of guidance. This plan may be a fluctuating thing, directed to no small extent by the cooperation and changes in the child or the family situation. Much of it is an educational process, informal education to the child and to the parent. This parent education aspect of the case-work approach, because it can get at and change the root causes in so many of these difficulties, offers one of our most valuable leads.

The following portion of a case history will serve to illustrate many of these points:

> Bob, aged fifteen years, in first form at technical school, was a constant source of worry to his mother. Though she was advised by a member of the board of directors of our organization to bring her problem to us, the mother felt a sense of shame that she was unable to manage her son and hesitated for several months. In desperation, she consulted her friend again and he personally referred the case. Our first problem was to convince the mother that there was no disgrace in seeking help; our next step was to try to get a picture of the difficulty so that we could discover a possible solution. Definite barriers had been built up in her mind concerning social organizations. Having been told by her friends that her son was a "problem boy"and that he needed a "good talking to" the mother expected that our attitude would be severe and punitive. It took a good deal of time to persuade her that her son's problem was not unique and that he needed assistance rather than punishment. When she was convinced, the next step was to make a successful contact with Bob.
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> The lad's problem was complicated, packed with emotional tensions. Parental dissension had reached a climax and his father, who was overseas, wrote that he did not intend to come back to live with his family. Bob was badly hurt because he liked his dad and needed him as a counsellor and friend. He resented his father's attitude and because he was emotionally disturbed his school work

began to lag. He had been promoted provisionally to second form but because of poor work he was demoted. In his discouragement he began to play truant. His principal, unaware of the significance of his behaviour, reprimanded him repeatedly, thus adding to the boy's disturbance and feeling of inadequacy. An intense dislike for the principal was transferred eventually to the school and Bob stubbornly refused to attend.

The Vocational Guidance Clinic showed that Bob was capable of second form work and, in terms of his interest and abilities, was taking the right course at school. We had been warned that we could expect no co-operation from him. We found that although he did not immediately conform to behaviour expected of him, he asked our advice on several matters, talked freely, and appeared genuinely sincere in wanting to do the right things. He felt justified in not attending school. He admitted his failures but seemed to lack the courage or initiative to overcome them. Our job as a guidance organization was relatively clear and simple. Bob needed someone to talk to. More than that he needed encouragement to face his own weaknesses, and guidance as to what to do in order to get himself out of his emotional difficulties. Because of his inability to face school, a work permit seemed advisable, but this was refused on the grounds that he had been defiant of the school authorities, had been persistently truant, and had influenced other boys in staying away from school. Bob was in a dilemma! Because of his intense dislike for school he could not face returning. He had been refused permission to obtain a job. The obvious result was a life of idleness and delinquency. He was beginning to become demoralized. Tension between him and his mother was increasing. It was imperative, therefore, that some constructive action should be taken. His attitudes needed to be changed but that would be a long term process and the situation demanded some manipulation of the environment which would make possible the development of a more stable point of view. At the suggestion of the school he was placed on a farm. Our Vocational Guidance tests showed us that he was not adapted to nor interested in farm life. However, Bob himself felt that a farm would be the best place until he was old enough to secure a work permit and obtain congenial work in the city.

That is the job which we have done so far with Bob. We have no guarantee that he will come back to the city with happier attitudes. In the meantime his education is suspended and he is not engaging in an occupation in which he is likely to find his life's work. There is still much to be done with him before we can say that he is safely past a major crisis of his young life. He will need further guidance but it is hoped that, with successful adjustment of each succeeding crisis, Bob will ultimately learn to think things through for himself and become a man who will make his contribution to the community which tried, through our organization, to make a contribution to him.

Industrial Nursing and Public Health

THELMA D. GREEN

Industrial nursing is not a new field. We hear of it first in 1878 in Norwich and Liverpool where nurses visited the homes of workers absent from the factories due to illness. Present conditions have given it great impetus. Never before have we faced total war and all that this means nor has such an opportunity been afforded for serving our community regardless of the branch of the nursing in which we may serve. There is no field in which the nurse has such all-round intriguing opportunities for community service as that presented by industrial work. Also, there is no field where a nurse needs more adaptability both in her professional skill and in her relations with her co-workers and her clientele. In other words, it is a necessity to get along with people of widely varying social status.

Factories of today are in most instances, very different from those of even a few years ago. The ones today are clean, well-run, pleasant places in which to work, due to supervision, legislation and last but certainly not least — health teaching. The almost universal acceptance of medical service in industry is just around the corner in the post-war period. Both the dominion and the provincial governments are recognizing this and have already taken steps to direct and assist progress in this field. In 1942, Manitoba appointed a consultant in industrial nursing, and in the next year Ontario followed.

It is natural that the opportunity for health service in industry should be given much greater consideration with the present emphasis which is placed upon health problems of adults. Moreover, nothing could influence our vital national defence program more than care for the health of the workers. This has undoubtedly given incentive to the provision of more, and more adequate, industrial health services. "The movement has demonstrated its importance; experience has demonstrated its usefulness; results and achievements have demonstrated its necessity".

No longer is industrial medical or nursing service given primarily for the benefit of industry. The chief aim used to be to prevent accidents, render first aid, and check on malingering — all purely curative. While these are of importance, industry itself has come to know that results are more satisfactory and permanent if such problems are dealt with from the angle of prevention. Health services in industry have proved to the management that they are a paying investment in actual prevention of lost time — dollars and cents on the credit side — as well as positive health for the workers. Thus industrial health work is brought into complete accord with the public health point of view. It aids in preventing illness and accidents and stresses promotion of health. The health service is a partner in an interpretation of all health services, industrial relations, and public relations in any community.

Right now someone will be heard saying, "this reads well but actually what is industrial nursing; how is it done?" It is a very large field including health education of the workers, medical care for those who need it, pre-employment examination for placement, adjustment of personal problems and worries, overwork, fatigue, and various problems of dissatisfaction will at some time creep into industrial activities. The medical and nursing service of any industry or business is more or less a liaison department — a neutral zone — one in which a worker should have confidence, and where he feels assured that he will receive help. This is especially true today. Any time, any place, where people are under stress or strain the great need for good mental and emotional hygiene becomes evident. Where is this more needed than among our workers? The problem which nurses meet in industry is not the care of the psychiatric patient but rather helping the average person to adjust to life's every day problems and situations. The very fact that workers can bring these troubles to someone interested, who will listen, is a help.

Industry presents opportunity without precedent for the promotion and maintenance of health in any country or community. Each worker has a home, perhaps a humble one, and in most instances a family. A nurse has an entry to that home through each contact if she but recognizes it — an opportunity for assisting and teaching a better way of life for that family. A well-adjusted healthy worker is a worthwhile addition to any community, any industry, in any country. "There is a unique scope for health conservation among a group of adults living and working under similar conditions. A great deal could be learned about the development of disease; much preventive medicine could be practised in this setting", said Dr. Cunningham, Director of Industrial Hygiene, Provincial Department of Health for Ontario, in a recent address to industrial physicians and surgeons.

What are the aims of doctors and nurses in industry in the future? The objectives were outlined by the American Association of Industrial Physicians and Surgeons at a War Conference held in St. Louis in May, 1944:

1. The maintenance of the health of the workers including all known preventive and remedial measures.
2. The proper care of injured persons, with rehabilitation and placement when necessary.
3. The standardization of equipment, personnel and service.
4. The promotion of an understanding between management, workers, and physicians in furthering these aims through sound, practical and satisfactory socio-economic measures.

Surely this is worth working for!

The Accelerated Course

Elinor M. Palliser

During the last six months especially of 1942, there was experienced in the Vancouver General Hospital, as elsewhere, a serious shortage of nurses, moreover there was difficulty in securing graduates for afternoon and night duty, from which, under the existing conditions, no relief could be foreseen. At the same time, because of the demands of the various wartime services, the number of student applicants was apparently decreasing. It was decided therefore, as a wartime measure, to institute a course whereby students in their senior year might take the position of those graduate nurses whose resignations were not likely to be followed by replacements. So that the education of these students might not suffer, it was decided by Miss Grace M. Fairley, in consultation with her teaching and supervisory staff, that the essential content of classes and special training should be condensed into twenty eight months so that the students during the last eight months of their course could be given added responsibility and status, uninterrupted by classes. This condensation and change in curricular content was duly presented to the Canadian Nurses Association and to the Registered Nurses Association of British Columbia for approval and was accepted by these bodies. It was accepted also for reciprocal registration with other provinces and countries.

This accelerated course was put into effect in February 1943, and has been continued to the present time, without revision. It has accomplished its purpose, that of relieving the shortage of graduate nurses and stabilizing the nursing group of the hospital during this time of instability. In addition, opportunity has been provided for added experience and development of responsibility in the senior students. These students are permitted to live away from the residence, written consent having been obtained from parents or guardians. They are called *Staff Students* and are the only members of the staff to wear a black band on their caps. They are given the status of junior assistant to the head nurse. Consideration is given to the students' wishes for added experience in particular departments. Their allowance is increased by fifteen dollars monthly (total twenty-five dollars), and if living out, allowance of fifteen dollars is also granted, with one-third of the ration book. The total additional cost above the regular student rate has been approximately $8,860 since the new development was put into effect.

In addition to strengthening and stabilizing the nursing service, supervisors and head nurses have expressed definite satisfaction with the change in attitude and in the value of the service rendered the staff students. The staff students themselves voluntarily have indicated their appreciation and satisfaction in the new responsibilities entrusted to them and the opportunities open for them. The recently graduated nurses also have spoken of the increase in self-confidence and their greater ability to decide on special types of nursing they may wish to pursue. Since education is the continuous process of preparing the individual for adjustment to life, the course would, therefore, seem to continue to be educational.

The changes in the curriculum in theory and practice are as follows:

1. *Theory*: (Very slight excepting in preliminary term.)

(a) Preliminary course: three months' theory instead of four and the fourth month on the wards instead of the fifth; (b) total hours of instruction reduced from approximately 716 hours to approximately 680 hours; (c) chemistry omitted; (d) principles and practice of nursing, reduced from one hundred to ninety hours; (e) urinalysis (chemistry of) increased from two to three hours; (f) history of nursing, reduced from fifteen to twelve hours; (g) advanced nursing, decreased from sixty to fifty-four hours; (h) physiotherapy, reduced from seven to five hours; (i) nursing case studies, reduced from six to three hours; (j) trends and opportunities in nursing, reduced from twelve to ten hours.

2. *Practice*: (reduced by thirty to thirty-two weeks)

Department	Time reduced by
Infants'	1 week
Operating room	1 week
Diet kitchen	2 weeks
Psychiatric	2 weeks
Emergency	1 week
Private pavilion	2 weeks (now an elective)
Social service	2 weeks
Venereal clinic	1 week
Obstetrical	1 week
Genito-urinary	1 week
Gynecological	2 weeks
Male medical	3 weeks
Female medical	3 weeks
Orthopedic	1 week
Male surgical	3 to 4 weeks
Female surgical	3 to 4 weeks
Infectious diseases	1 to 2 weeks

Approximate total reduction thirty to thirty-two weeks

3. *University students, degree course*:

(a) Theory unchanged according to University requirements; (b) practice condensed into thirty months, remaining two months being *Staff Student* term.

Preview

Industrial nursing, a comparatively unknown branch of nursing in Canada before 1939, is now widely acknowledged as one of the important aspects of the present-day public health program. Jean Whiteford has written an interesting description of one such development in "That Men May Fly".

The Grey Nuns of The Cross and the Typhus Epidemic of 1847

SISTER PAUL EMILE

On February 20, 1845, four Grey Nuns of Montreal arrived in Bytown, now the city of Ottawa. In May the Sisters opened a ten-bed hospital, and in December 1846, the young community purchased from the Royal Artillery of Bytown the piece of land on which stands the present Mother House and its first daughter, the Ottawa General Hospital.

In the early days of 1847, the nuns were far from suspecting that the first use of their newly acquired property would be the care of plague-stricken patients. The alarm was given by Montreal. In February, Mother McMullen, Superior of the General Hospital of Montreal, wrote to the Nuns of Bytown, "One hundred thousand Irishmen will arrive. They are in Liverpool and wait only for a favourable moment to cross. We will all have to exert our charity, you as well as we".

It was the spectre of typhus that was rising behind these lines. For more than two years, Ireland had been the victim of famine and plague. In the summer of 1844 a most virulent mushroom, the phytophtorous, parasitic to the potato, appeared in Europe. It spread with astonishing rapidity in Ireland due to its mild damp climate. Spores propagate the plant through the air, but the eggs penetrate the tissues of the potato which they bring to a prompt decay. The potato crops were so poor that in 1845 Ireland knew the horrors of famine and the first attacks of pestilence. The year 1846 was still more severe. 1847 brought misery to its paroxysm.

With no choice but death or exile 250,000 Irish emigrated in 1847. Liverpool, Dublin, Cork and Limerick saw numerous ships sail for America laden with half-starved people, most of them already carrying the germ of pestilence. The voyage lasted from six to eight weeks, sometimes from ten to twelve.

One can easily conceive that under such circumstances, deaths were numerous during the crossing of the Atlantic. The historian, Seumas McManus, claims that of the 90,000 Irish emigrants to Canada whose names have been recorded more than 6,000 left their bodies a prey to the sea monsters. They were not the only victims. There were hundreds of others who, embarked in sail-boats, left the western bays of Ireland for the happy lands whose shores they never trod.

The *Urania* left Cork the latter part of March and on May 8 laid anchor at Grosse Isle, a quarantine station some 30 miles below Quebec. From May 14 to May 20 an average of five vessels arrived daily at Grosse Isle. When the last ship arrived on November 7 it was the 84th of these sailing, ambulant charnel-houses. Of the 80,000 emigrants who reached Grosse Isle 6,000 were buried on its sandy shores.

Bytown was also to receive its contingent of emigrants. The local emigration agent, Mr. George Burke, was at a loss where to erect the shed which would serve as hospital, for nobody wanted it in their vicinity. Father Telmon with Mother Bruyere's approval offered the land bought the previous December. On April 26 this work was entrusted to the nuns, the government promising to pay $2.40 a week per patient. Doctor Van Courtland, who heads the nearly 100 year old list of the medical staffs of the present hospital, was chosen by the government as doctor to the sick immigrants. He examined them as the barges laid them at the head of the locks, for they all came from Montreal, via the St. Lawrence, Kingston and the Rideau Canal.

The most seriously ill were sent to the nuns; the others were taken to temporary sheds erected on the west side of the canal where Laurier Bridge now stands. Over 3000 immigrants arrived during the summer of 1847 and the patients, all very sick and full of vermin, literally flocked to the little hospital.

Should you wish a realistic tableau of the desolation and of the devotedness that lent itself to relieve it, listen to this letter written by Mother Bruyere on June 15, 1847:

> The hospital was so full that we had nowhere to put all the patients. Most of the nuns have given their straw mattresses, several their beds. Today all who had blankets gave them wholeheartedly to protect these poor unfortunates from the cold and rain. So far only two women have had the courage to sit up with us, so great is the fear all have of contracting the fever. Last night 23 patients had to remain out-doors in the rain — it was impossible to find shelter for them.

A letter to the Grey Nuns of the Red River Settlement tells of the first care given to the typhus patients:

> When they arrived, we cut their hair, shaved the men, washed them and changed their clothes from head to foot. When their bath was over and they saw themselves in a clean bed many would say they were no longer sick because they felt so comfortable. It is true that they must have felt relief when we had removed from their bodies a plateful of lice, each as large as a grain of wheat and as red as fire. Busy as we were, we managed to find time in the evening to rid ourselves of the vermin we had caught, which gave us some pleasure and made us forget for a moment the sorrow we had to see these poor people suffer so much.

On July 29 the Board of Health asked Mother Bruyere to permit building an addition of 50 feet to the Emigrant Hospital. The poor Mother had to refuse for, at the time, 12 out of 18 nuns were confined to bed suffering with typhus. Consequently on August 2 the Government decided to close navigation by way of the Rideau Canal. The nuns would have no other patients to treat but those of the region. Their number still remained high as the plague was far from being overcome.

The register containing the names of the patients of the Bytown General Hospital forms one of the most precious documents we have. The list of typhus patients commences on page 16 and continues without interruption up to page 82, each name preceded by date of entry and followed by date of discharge or death. The total number of patients treated from June 5, 1847 to May 31, 1848, the date on which the Emigrant Hospital was closed, was 578 with 172 mortalities in 1847 and only 5 in 1848. Of 21 nuns who formed the Community of the Grey Nuns on May 31, 1848, seventeen had contracted the fever.

The same register contains also the names of 60 Irish orphans, whose age varied from 4 days to 14 years, who had lost their parents at Grosse Isle, on their way to Bytown or in the Emigrant Hospital. The immigration agent placed them with reliable families. Several died; others were claimed by relatives. There remained eleven who had nothing left in this world but the breath of life and sunshine or rain according to heaven's pleasure, grass or mud according to earth's pleasure. Mother Bruyere and her little band of Grey Nuns adopted the eleven of them. Divine Providence, that feeds the birds of heaven, fed these children along with the other inmates of the Convent, and this puts an end to the part played by the Grey Nuns in the typhus epidemic of 1847.

GENERAL NURSING

Contributed by the General Nursing Section of the Canadian Nurses Association

A Look at General Staff Nursing

PEARL BROWNELL

At a meeting of the General Nursing Section held during the Biennial Meeting at Montreal in 1942, it was decided that a committee should be formed to assist in solving the problems of the general staff nurse and that a paper on this subject, read at this meeting by Miss Hester Lusted, be used as a basis for this study. Accordingly, provincial chairmen were appointed and asked to form committees in their respective provinces to study the question, to send information regarding the situation, and also to forward any recommendations which they felt would assist in improving conditions for the general staff nurse. It is my purpose to quote certain passages from the aforementioned paper, and, with the information on hand, see how we now compare with the situation of two years ago.

ATTITUDE TOWARD THE GENERAL STAFF NURSE

There is a great need for the general staff nurse. We know how essential her services are to the hospital. For much too long, the graduate nurse in the hospital has occupied an anomalous position. She is no longer in the same category as the student and is not yet considered an integral part of the staff. From the point of view of the nurse herself, one of the great disadvantages in general staff work is the lack of recognition accorded this position by others in the nursing profession. Staff conferences and staff programs are seldom planned for her benefit, yet in other fields of nursing staff conferences and discussions have proved very successful, not only as a means of maintaining standards of nursing service and of ensuring that the staff share new experiences and ideas but also as an important factor in the self-development of the individual nurse.

Has the situation in this respect improved? One hospital reports that the general staff nurses held their own conferences and brought in recommendations, which however, received no attention. This attitude toward her and her own feeling of just not belonging accounts to a great extent for the rapid turnover and many refusals to remain in this type of nursing. The nurses also object to the term "floor duty", but as the official name is now "general staff", it is merely a matter of adopting the latter term.

The general staff nurse is valuable in schools of nursing as a key person in the educational program, because of the fact that she stabilizes the ward situation, enabling the clinical and classroom schedule of instruction to proceed while patients still receive needed care. Also, much might be accomplished in educating the general staff nurse to a realization of her importance in the hospital as an example to the student nurses. While recognizing that superintendents of nurses and hospital staffs are already overburdened, this is one subject which might well be given time and attention and reap large dividends in a more satisfied, alert and a more permanent staff.

Hours of Duty

The eight hour day is not yet established in many hospitals. This is undoubtedly a difficult question to discuss when a threatened shortage of nurses faces us, yet there is no sound reason for expecting the graduate nurse in hospital to work longer hours in the name of duty than those in fields outside the hospital. The general staff nurse has been persuaded that the ideal of service to the patients, the doctors and the hospital is of more importance than her rights as a human being and as a citizen of a democratic country. Is the general staff nurse who carries too heavy a nursing load and works, nine, ten, and eleven hours a day, giving the best possible service of which she is capable?

The threatened shortage of nurses of two years ago has long since become a stern reality. However, reports across Canada show a steady increase in the number of hospitals on an eight-hour day. While other hospitals express their willingness to institute the shorter hours when they have sufficient staff, it is a fact that, all things being equal, hospitals on an eight-hour basis experience less difficulty securing staff. Certainly many nurses are doing general staff nursing on an eight-hour day who would be physically unable to carry on under the old schedule. As a war measure, many married nurses are doing a splendid job as part-time general nursing staff. Also many private duty nurses are performing valuable service in staff relief. There are hospitals which would have been unable to carry on but for this assistance. Very few hospitals as yet give general staff nurses one whole day off per week, which is preferable to two half days. Some hospitals on an eight-hour day have two days per week on a split shift. A great deal of relief is given by the private duty nurses of one city by what is called "special floor duty", that is, relief for a few days at a time, straight eight hours, for four dollars and one meal.

Salaries

Every professional worker is entitled to an adequate financial return for her services, which should be sufficient to maintain a decent standard of living with a margin of security. All too often a very unsatisfactory salary scale has been imposed on a general staff nurse. The permanence of her employment is in direct relation to changes in the patient census of the hospital. In cases where she does remain for long periods, no definite provision is made for periodic salary increases or vacations. Such conditions could not exist were it not for the informal way in which the general staff nurse is usually hired and fired. Hospital authorities are being forced by present conditions to recognize the necessity of revising their policies regarding the employment of graduate staff.

There has been considerable improvement during the last two years in salaries paid by the average hospital, though there is much room still for improvement. Salary increases are most marked in the rural hospitals, of necessity no doubt, to attract nurses to more isolated areas. Rural hospitals which formerly paid thirty-five dollars per month, now offer ninety and one hundred dollars with full maintenance.

It is the exceptional hospital that offers a definite scale of increases for length of service rendered or for exceptional ability, and but one is reported as paying for overtime. This is a practice that might be followed by more institutions with satisfactory results. While certain hospitals are now meeting the recommendations regarding salary and hours of work, approved by the Executive of the Canadian Nurses Association, for their relief staff, their permanent staff nurses remain on the old basis, which leads to dissatisfaction and rightly so.

LIVING CONDITIONS

Generally speaking, nurses feel that the restrictions of residence life do not permit as normal a social life as other professional women enjoy, which are supplied by living away from the hospitals. Others find that residence life has definite advantages: for example, travel-time saved, less changing of uniforms, quieter sleeping quarters while on night duty, and many other conveniences which are suited to the nurses' daily life. If possible, the general staff nurse should be given freedom of choice as to living arrangements. But whichever form of accommodation the hospital is able to offer, it's object should be to provide her with comfortable and convenient rooms which will help to make her leisure time more enjoyable.

With a necessarily increased staff, many of the larger hospitals can no longer provide accommodation for all their general duty staff, therefore, many are living out, which the majority seem to prefer. In rural hospitals as well as urban, there is vast need for improvement in the living conditions in many instances. One nurse spoke for many, no doubt, when she wrote that living quarters in the hospital in which she worked were not conducive to fastidiousness. The staff preferred to live out, but the allowance given for doing so was very inadequate, the average room rent being almost double the allowance. This complaint is quite general. Of course, in many hospitals, living conditions are excellent.

HOLIDAYS AND SICK TIME

The health service program is important if the general staff nurse is to feel that her well-being is of interest to the hospital. It is, therefore, essential that hospitals consider not only the provision of care during illness, but also the prevention of disease and the maintenance of optimum health of their staff. This should include periodic health examinations with education in the maintenance of good health, as well as definite agreement regarding hospitalization, medical and nursing care and compensation for a limited period of time lost through illness.

Reports sent in regarding holiday time granted general staff nurses vary from holidays taken by the nurse at her own expense to four weeks with pay. In one hospital nurses are allowed one week with pay after six months and may take another week at her own expense. Many hospitals allow three weeks after one year of service. The average hospital allows two weeks with pay for sick time. Some allow one month. The majority include treatments, x-ray, etc., and the choice of doctor.

SUPPLY AND DEMAND

Group hospitalization and larger incomes have resulted in over-flowing hospitals with long waiting lists, requiring greatly increased staffs. It is to the young graduates that the hospitals look largely for help. Many who prefer private duty are being asked to take these positions, and, provided living conditions are good, salaries and hours reasonable, many are willing to do so. But as the situation stands at present, with all the good intentions in the world, the hospitals cannot make work lighter if there are not enough nurses to go around.

Long before there was any shortage, nurses in many hospitals carried case loads that simply made good nursing impossible. A good nurse has a reverence for good bedside care and many have given up general duty rather than go on neglecting patients. These nurses feel that this constant overloading has taken all the dignity and much of the incentive out of their work. As one writer put it — "instead of being professional women nursing patients, they become flying robots doing things to people".

We have been told of some American hospitals closing their doors to private duty, thinking by this expedient to force nurses into general staff, only to find themselves deprived of the services of many nurses on the registry lists physically unable for general duty, yet very valuable as private duty nurses in relieving the hospital staffs of the care of the acutely ill. Many married nurses find it impossible to care for their homes and take staff positions though able to give valuable service in relieving for short periods or as private duty nurses.

"General Duty", as it was called, started as a relief measure during the depression years, when certain hospitals reduced the number of student nurses in order to provide positions for nurses out of work. As time has passed, the general staff nurse has become increasingly important to the hospital. While during the last two years some improvements are noted, it is still in a most unsatisfactory position. Much remains to be done before we reach the day when general staff nursing will come into its own as one of the most desirable fields of nursing.

1943-44 Canada Year Book

The publication of the 1943-44 edition of the *Canada Year Book* has recently been announced by the Dominion Bureau of Statistics. As there was no volume issued last year, this book was planned to cover the exceedingly important developments in our country over the two-year period.

The *Canada Year Book* is the official statistical annual of the country and contains a thoroughly up-to-date account of the natural resources of the Dominion and their development, the history of our country, its institutions, its demography, the different branches of production, trade, transportation, finance, education, etc. — in brief, a comprehensive study within the limits of a single volume of the social and economic conditions of the Dominion.

Recent studies have stimulated the public discussion of questions concerning Social Welfare and Post-War Rehabilitation of Personnel from the Armed forces to a point where it has been thought desirable to include these timely topics in new chapters. Here is brought together the work Canada is already doing in these vital fields and the way pointed to future developments.

This very useful volume is available, as long as the supply lasts, from the King's Printer, Ottawa, at the price of $2.00 per copy. By a special concession, a limited number of paper-bound copies have been set aside for the clergy, teachers and university students who may obtain such copies for the nominal price of $1.00 each. Students should address their application for copies at an early date to: The Dominion Statistician, Dominion Bureau of Statistics, Ottawa.

Acknowledgement

Three booklets commemorating the centenary of the Grey Nuns of St. Boniface have been received by the *Journal* and are gratefully acknowledged:

St. Boniface Heroines of Mercy, by Sister Mary Murphy, S.G.M., R.N., St. Peter's Press, Muenster, Sask.

In This Sign They Conquered, by The Rev. Cosmas W. Krumpelmann, O.S.B.; St. Peter's Press, Muenster, Sask.

Vers les pays d'En-Haut, by Abbé Albert Tessier and Hervé Biron. Edition Fides, 3425 rue Saint-Denis, Montreal.

PUBLIC HEALTH NURSING

Contributed by the Public Health Section of the Canadian Nurses Association

School Nursing in a Generalized Program

MARY RITCHIE

In some parts of Canada school nursing is still being carried on as a specialized service, under the direction of the Department of Health in certain places and in others under that of the Board of Education. However the trend today is for school nursing to become part of the generalized public health nursing programs of the health departments. School nursing has been defined as "the practice of those principles of public health nursing which are applicable to work with the school child in his total environment of home, school and community". Two of the most important functions of a health department today are considered to be the education of the public in healthful living and the prevention of disease. The ultimate goal is better health for all the people, health, in this instance, being defined as not merely freedom from physical defects, but in its broadest sense of physical, mental, social and emotional well-being. It therefore seems logical that school nursing should be a responsibility of the department of health.

The functions of the public health nurse in the school health program have been stated to be: participating in developing school health education programs based on the needs of the pupils. Assisting physicians in the examination of school children and interpreting findings and recommendations to teachers, parents, and children. Teaching the value of adequate health supervision and helping in the use of health facilities. Assisting in securing correction of defects. Instructing teachers, parents, and pupils to observe and recognize normal health and deviations from it. Assisting in the control of communicable disease through teaching the recognition of early symptoms, the importance of isolation, and the value of immunization. Promoting the maintenance of a physically healthful school environment, including sanitation, seating, lighting, ventilation, school lunches and other physical factors. Promoting the maintenance of an emotionally and socially healthful school environment. Arranging for the care of emergency and minor injuries and illnesses in accordance with medical standing orders. Participating in a program for the prevention of handicaps and the care and education of handicapped children. Co-ordinating public health nursing activities for school children with all other health forces of school, home, and community. Participating in curriculum making, and giving group instruction in principles of healthful living and home care of the sick. (This requires qualifications in the field of education as well as public health nursing).

It is conceded that one of the most important of these functions is the visits made to the homes on behalf of school chidren. Where the various programs have been carried as specialized services, criticism has been made of the duplication of effort, such as several nurses visiting in one home, one for a baby or pre-school child, another for a school-age child, another for a tuberculosis contact. To carry out her functions intelligently in the school, the nurse must have knowledge of the child and his relationship to the family and the community in which he lives. So it would seem that the nurse could render much better service to the child and the school when she is responsible for general family health supervision and not just that of the school child alone.

Formerly, one of the main objectives in school health work was the detection of physical defects. Today greater emphasis is being placed on having the children ready to enter school free from all defects, with parents understanding the importance of regular health supervision for their children. It is most important that all children should be given protection against preventable diseases, such as smallpox, diphtheria and whooping cough early in life. Thus the nurse will help the mother prepare for the children's entrance to school. Her broad knowledge of the family will enable her to interpret vital information about the home to the school, so that the teacher may have a better understanding of the child and his background.

When school nursing becomes part of a generalized public health nursing program, the community served by the Department of Health is divided into health districts, which are further subdivided into smaller districts for each nurse. In congested urban areas, one nurse will cover a small area, while in outlying parts of a city or in rural districts, she will naturally cover a much wider territory. Each district must be especially studied to determine the population, convenience of transportation, and so forth. There is danger of the school health program being neglected, if the case-load of the nurse is too heavy. One method which may be used to estimate the community needs for nursing service is to make a special survey of the families in the community. Standards have been set by various authorities as to the number of nurses needed for the different services. With this knowledge of the actual community needs, the number of nurses required may be estimated.

In planning the sub-districts, it is desirable that the boundaries conform to those of the school district. However, if a school is situated in one district and the families live in an adjacent one, there need be no problem in carrying out an adequate generalized service. A simple form may be devised for referral of pertinent information from one district to the other. Usually a definite timetable for her visits to the school will be set by each nurse. However, if she arrives at the school and constantly gives the impression that she has other more pressing work to do in her district, the school authorities may come to feel that the nurse is of little real value to them.

Today the nurse is being thought of more as a health consultant to carry out the various functions already mentioned. Day-to-day observation of the children in a classroom is the teacher's responsibility, as is classroom health instruction. In line with the general principles of education health teaching is valuable only as it is integrated with the curriculum as a whole. The nurse may help the teacher to observe deviations from normal health among her pupils and may also assist in the practical application of health knowledge. Children who present health problems are referred by the teacher to the nurse. It is desirable that each contact made by the nurse with the child should be an educational experience for him, helping him better to understand his own health needs. Group conferences may be held with the teachers to coach them in recognizing problems which should be referred to the nurse or how health knowledge may be applied in day-by-day living in the school and the community. It is most desirable that time be found for the nurse to confer with each teacher regarding the health status of the children in her classroom. The nurse's knowledge of the community will also enable her to interpret the family health problems which affect the child and perhaps contribute to his behaviour. To some extent, written reports may be used for this purpose, but these cannot take the place of the individual conference. It is helpful if clerical assistance can be provided for the nurse, perhaps by volunteer workers.

It is felt sometimes that more is accomplished when the parent comes to school to see the nurse. Therefore she must have definite office hours when she is available. The program must be flexible enough that the nurse may attend staff meetings in the school. Attendance at these meetings not only gives her an opportunity to better understand the teachers' problems and the policies of the school administration, but also to interpret some aspect of the community health program to the school staff. Where school health committees function, the nurse should be available as an active participant.

To carry out all these functions, it should be realized that the public health nurse working in a school must not only have knowledge of the policies of the health department but she should have some understanding of the general principles underlying the educational system as well as the administration policies of the school. In these days of frequent staff changes it means that there must be adequate supervisory guidance, so that these policies may be interpreted to the new nurse. The many changes in the teaching staffs in the schools mean that the nurse must devote more time interpreting pertinent facts regarding the health status of the children or of the school and community health programs.

It is greatly to be desired that close relationships exist between the Department of Health and the Board of Education. There shoud be joint participation by representatives from both organizations in all planning affecting policies and programs for the school health service. When close co-operation exists between the two organizations, with mutual understanding of each other's policies, it is at once obvious that there is no better place for the health department to carry out its functions than in work with and for the school-age child who is the adult of to-morrow.

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Public Health Nursing, June 1944, p. 282.

Community Health Organization, Ira V. Hiscock, The Commonwealth Fund

Public Health Administration, Wilson G. Smillie, Macmillan

Appraisal form of local health work, A.P.H.A.

Preview

How communicable are syphilis and gonorrhea? Should persons who suffer from these diseases be segregated in the interests of protecting the well proportion of the population? Major S. L. Williams, M.D., R.C.A.M.C., gives some sound instruction on this topic.

Staff Education — An Orthopedic Program

REBA SIMPSON

Not only in orthopedics but in any aspect of nursing adequate and intelligent care of the patient is possible only to the degree that skill and knowledge have been acquired by the individual nurse and given practical application. It is to insure that such care is of the finest quality that continuity in education for the graduate nurse is provided through staff education. The use of the term "education" would seem to indicate that haphazard, trial and error methods are ruled out. A definite, planned program verifies the fact that there is a consciousness of need for education with the growth of the whole staff as the primary objective. It also indicates general group planning as well as participation, since the word "staff" is inclusive, not selective. Thus it is a democratic activity in which the responsibility of learning is shared jointly by worker, supervisor, instructor, and director. The increased participation of each individual nurse leads us to expect a growth in all her activities. Whether her energies are confined to one special field, as in orthopedic nursing, or are spread in a general health program, staff education should not only improve her calibre as a nurse but should also increase her value to the community both as an individual and as a professional representative. It should be designed to bring about a fuller realization of her responsibilities toward her special function as a teacher through the practical application of scientific knowledge to all her nursing activities. It should develop an increased understanding of the needs and problems of her fellow-man.

Growth of the staff would be tangibly demonstrated in the improved health conditions in the community and in the interest aroused in community welfare. The members of the Board of Health are vitally interested in their community or they would not belong to the organization. A progressive Board is as anxious that interest and action in health matters be maintained and increased as is the most conscientious medical officer or public health nurse. Gradually, these Boards are making it possible for staff education to be carried on as part of the program of the agency, including attendance at conferences in the regular hours of the nursing day. No longer are Boards so interested in the statistics of nursing care given that all thought of the quality of that care is superseded by figures. Values are now being placed upon improved citizenship, the building of fine bodies through the knowledge of the laws of health, and the increased happiness and usefulness of individuals. A frank discussion with the Board of the educational needs of the staff usually produces materials with which to work and the budget is increased to cover the expenses. As Miss Nash and Miss Snedden point out in their article on "Staff Education in a Visiting Nurse Association", in the April 1944 issue of *The Canadian Nurse*, staff education is not a "superimposed extra" but "something real and vital which permeates every phase of our program". It is because of this that provision in the budget has become an established fact, with increases to meet each year's need. Thus a program of growth by democratic education assumes a prominent place in the policy of every health organization.

Unlike the courses of study offered to under-graduate students in schools of nursing, staff education for graduate nurses is a course of study prepared for the staff by that staff, taking cognizance of the individual needs. It may be the result of both individual and group effort. It is built up by staff members after analysis and appraisal of their own work. It may be developed by the members themselves, with intelligent and understanding guidance from the supervisor. Strong points in their work can be delighted in and weak points turned into strength. This type of plan, where willing co-operation of the group produces practically the whole effort, is the one which seems to supply the required elements for arousing interest and subsequent mutual growth. Usually the supervisor becomes aware of deficiencies in staff performance before the staff members themselves. Under her guidance their attention can be directed to these weaknesses and through mutual study, steps taken to eliminate or improve them.

The following outline for an orthopedic program presupposes that the preliminary planning was in the hands of the staff, in consultation with the supervisor and the medical officer. It has been planned for a modest staff of five nurses with different backgrounds, both educational and cultural. This program is planned to assist the nurse to develop old and new skills and knowledge relating to the principles of orthopedics and to apply them in a general health program. The general objectives are:

1. To integrate and increase her awareness of her responsibilities as a teacher of health in all nursing activities.
2. To assist in the prevention of orthopedic disabilities.
3. To strive for the early recognition of orthopedic disabilities leading to treatment.
4. To enable her to give the best possible nursing care to those afflicted with orthopedic disabilities.
5. To broaden her understanding and effectiveness in handling the medical, social, and economic problems involved in the physical, educational, and social rehabilitation of persons having orthopedic disabilities.

The determination of the need for education in orthopedic principles should be made by the medical officer, the supervisor, and the staff. As a preliminary step, a statistical study of the local incidence of orthopedic defects should be made and reference reading lists prepared. An analysis of the background of each nurse will reveal the weak points of the staff as a whole.

An important consideration in planning is the amount of time which can be set aside for the program. In this particular instance the staff set aside two hours one Saturday morning a month, extending over a seven months period from October to May, inclusive. The preliminary work of fact finding and evaluation was done during periods of individual supervision. This replaced formal supervision for a time. Some methods suggested for carrying out the program include:

1. The subject of orthopedics should be introduced by the medical officer who could make brief comments on the result of the survey of incidence and the object in undertaking a staff program on this subject.
2. There should be a definite linking up with preceding study hours at the beginning of each session. A review of the subject matter on each succeeding day provides for more continuity.
3. The presentation of the subjects should be varied, as: (a) short prepared talks based on the needs of the group for information, followed by informal discussion; (b) demonstration of approved techniques; (c) informal talk and demonstration followed by practice by the group; (d) lecture from an orthopedic surgeon. This might have to be arranged as a meeting to include a larger group of nurses, as few busy doctors could be persuaded to address a very small staff.
4. Supervision in the application of orthopedic principles for the entire seven months should be the major group activity.
5. If the opportunity is presented, a talk to the Home and School Club or to a mothers' group might be prepared and given by a staff member appointed by the group.

Subjects of interest include: "Posture of the pre-school and the school child", or "The medical-social-economic aspects of the handicapping conditions". Appropriate titles more meaningful to the lay group might be chosen. The nursing group could be used as the practice group to get their reactions to the presentation of the material and to act as critics.

In the development of the program for our staff, the tools used were text books, pamphlets, nursing magazines, and any clinical material available. Magazines and newspapers contributed their share of pictures for illustrative purposes. X-rays were made available by the local hospital.

A suggested program covering the whole winter, might include such topics as:

1. Body mechanics: (a) review of the anatomical structure and the physiology of the body; (b) the nurse's function and responsibility in orthopedic conditions; (c) posture of the pre-school and the school child.
2. Body mechanics: (a) in pregnancy; (b) in acute and chronic illness; (c) in the nursing arts — preventing backstrain in nursing.
3. Congenital deformities.
4. Deformities due to disease.
5. Treatment and nursing care of fractures and amputations.
6. Crippling conditions arising from accidents.
7. Cerebral palsy — care, training, social and economic implications for those afflicted.
8. Infantile paralysis — presentation of the latest scientific data and review of the treatment and care of patients.
9. Discussion of the supplementary treatment of orthopedic conditions: (a) physiotherapy; (b) occupational therapy; (c) social acceptance and integration of the orthopedic patient in the world's social and economic spheres; (d) review of resources for the care of the orthopedic patient.

Immediate results from such a program can only be judged in the current activity of the nursing staff. If of a sincere, enthusiastic and understanding quality the activity is like leaven and spreads to the general public. An estimation of more concrete results may be gained over a period of time in:

1. Increase in the number of more obvious conditions being treated earlier.
2. An increase in minor orthopedic conditions being brought under treatment.
3. An increase in interest in administering treatment for faulty posture, and in the number receiving such treatment. This can best be observed in the schools.
4. A decrease in the number of deforming conditions due to parental objection to treatment.
5. Community facilities and money made available for treatment.
6. Residential schools for the academic and vocational education of physically handicapped children. These schools should provide for the continuity of treatment while in residence and a placement service after graduation.
7. A considerable decrease, if not elimination, of those conditions arising from infections.
8. A considerable decrease, if not elimination, of all infectious diseases.
9. A lower incidence of illness.
10. A community intensely interested in health.

Preview

With the increasing use of the closed plaster method for the treatment of a wide variety of conditions including fresh trauma, burns and infections, the informative material on this process by the late Dr. George A. Fleet and Dr. F. Douglas Ackman will be of great interest.

HOSPITALS & SCHOOLS of NURSING

Contributed by Hospital and School of Nursing Section of the C. N. A.

Protracted Coma Following Insulin Shock

ELLEN GREENSLADE

In the treatment of mental illness by insulin shock an infrequent complication may occur, namely, protracted coma. This is the state of coma which persists after hypoglycemia has been neutralized. Due to the injury sustained by too long a period of hypoglycemia, the brain cells are unable to metabolize carbohydrate. The mortality rate has been set at 25 per cent, "in seven years' experience of insulin shock therapy I have only seen five cases of protracted coma, one of these fatal," says Dr. N. L. Easton, Director of Medical Research in Ontario hospitals.

The following is a typical case of protracted coma as seen on the insulin ward of the Ontario Hospital, New Toronto:

Mrs. X was diagnosed schizophrenia of the catatonic type. She was thirty-eight years of age, and her illness was of three years' duration. She had been successfully treated before and had remained well for three years. When the old symptoms began to re-appear, she was again committed to hospital and treatment was begun immediately. Very little improvement had been noted up to the time of protracted coma.

At seven o'clock on the morning of her seventeenth treatment, she was given her usual coma dose of 280 unit of insulin. The usual symptoms of hypoglycemia followed, namely diaphoresis, restlessness, generalized twitching, somnolence and finally comata. She passed into coma at 9.30 and was given a gavage of 500 cc. of 33 per cent cane sugar solution at 10.15. At 11.30 consciousness had not yet returned. She was given 50 cc. of 30 per cent glucose intravenously. Ten minutes later this was repeated. At 1.30 she displayed marked dyspnea with cyanosis and rales, indicating pulmonary edema. She was given another 50 cc. of 30 per cent glucose intravenously, then gavaged with 400 cc. of sucrose which was regurgitated immediately. At three o'clock pulmonary edema was still present, her temperature had risen to 103°, her pulse 128 and respirations 44. Atropine, grs. 1/100, was given by hypodermic to which she responded quickly. At 5.30 Mrs. X was again gavaged, this time with 400 cc. of high caloric feeding with 100 cc. of corn syrup added. This was retained. Almost at once restlessness began to subside and her breathing was somewhat improved. One cc. of crysto-vibex (concentrated Vitamin B) was given intravenously and repeated every four hours thereafter until consciousness returned. At 11.00 p.m. she was again gavaged with high caloric feeding and corn syrup. Her temperature dropped to 100°, pulse 100, respirations 38.

She remained in a semi-conscious state that night. The following morning her colour was much improved — temperature 100°, pulse 90, respirations 22. She responded to the spoken word, opened her eyes a little and broke into a half smile. Twice during the day she was gavaged with high caloric and corn syrup. At night she responded enough to drink a small amount of water. Extreme drowsiness persisted. She slept deeply all night.

The third morning Mrs. X spoke. There was much confusion of thought with marked repetition of words and sentences. Her temperature, pulse, and respirations were again normal. She took fluids by mouth with some persuasion. She continued drowsy and slept most of the day.

Within a week, Mrs. X was about again. With the exception of a slight loss in weight and a complaint of numbness in extremities she appeared completely recovered. Her mental condition was improved. Where she had been suspicious and seclusive, she was now friendly and talkative, laughing at the "voices" she had heard previously. Three weeks later she was discharged from hospital a completely recovered case.

Abnormal physical signs observed in protracted coma include fever, tachycardia, diarrhea and vomiting, convulsion, apnea, dyspnea, and cardio-vascular collapse. The nursing care in this case of protracted coma was as follows:

1. Mrs. X was extremely restless the first day of coma. It was therefore necessary to keep her under constant observation.
2. She was bathed and her bed linen changed frequently. This was necessary due to the extreme diaphoresis and incontinence of urine and feces.
3. She was placed in a prone position to allow free drainage of saliva.
4. Her temperature (axillary), pulse, and respirations were taken and recorded every four hours.
5. She was catheterized the second day.
6. As soon as she was able to drink, fluids were pushed.
7. An accurate hourly record was kept of the patient's condition and treatment administered.
8. Other drugs and methods used in the treatment of this case of protracted coma were: coramine, phenobarbital, digitalis, and caffeine; continuous intravenous of normal saline solution with 10 per cent glucose; oxygen or carbogen inhalations.

Canadian Nurses in Scotland

Dr. Alexander Gibson

A certain amount of glamour attaches to service in the Canadian armed forces. Perhaps that is why little or no attention has been paid to a small band of Canadian nurses who have been giving splendid srevice in Scotland for nearly three years. They are stationed at Hairmyres Hospital, Lanarkshire. What are they doing there?

Shortly after the beginning of the war, a call came from the Department of Health for Scotland to the Canadian Red Cross asking that a Unit be formed, equipped and staffed for special service with orthopedic patients. With the demands of the army, and the shortage of nurses in civil hospitals this was not so easy a call to answer. At length, however, a group was got together made up of nurses from all parts of the Dominion under the tutelage of Miss Alice Hunter of Port Arthur. Some of the nurses chosen had applied for military service and had been rejected; others had become impatient over delays. Finally arrangements were completed and a group of twenty-one Nursing Sisters arrived in Scotland in December 1941. Since then they have given devoted and able service in the hospital to which they were assigned. Recently uniforms of military type have been supplied to them from Canada, but for the greater part of their period of duty they have worked without distinguishing marks of their Canadian origin.

The hospital at Hairmyres has about 1,000 beds of which some 400 are allotted to orthopedic patients. The Canadian nurses are thus thrown into close contact with their Scottish colleagues, and the association has proved of value to both national groups. The interchange of ideas on professional, and also non-professional subjects, has enlarged the outlook of both parties.

The Dominion representatives occupy for quarters a standard army hut. This affords to each a small private sleeping-room, and there is a common-room adorned with many souvenirs of Canada, such as pictures of Lake Louise and Moraine Lake. Round the walls the nurses have drawn crests of the various provinces and the regimental badges of some of their visitors. The residential hut itself is known as "Canada House".

It was my privilege to work with this unit for eight months and I came away feeling that these girls were doing a very great deal to uphold the prestige of Canadian nursing. It is no simple thing to have twenty-one young women living together in rather cramped quarters and at the same time preserve an atmosphere of unruffled serenity. Little jars are bound to occur, but there was never any sign outwardly of the slightest contention. They form one of the happiest assemblages I have ever met. They have their own cookstove and are prepared to entertain on quite an imposing scale. Last Christmas a turkey dinner was served to thirty-six participants. Parcels from friends in Canada were pooled for the occasion and the meal was quite a sumptuous one. There was even a Christmas tree from which presents for each member of the "family" were distributed with much cheery badinage. No doubt the coming Christmas will witness similar festivities.

It must be a matter of pride to the nurses of Canada to feel that some of their number are quietly, without publicity, or official praise doing a real job of work in the war. The patients are nearly all from the Services and their confidence in and affection for the Canadian sisters is something to view with pride. These nurses are making a great contribution, not merely to the successful prosecution of the struggle, but to the mutual understanding and respect which mean so much for enduring peace.

The Red Cross in Scotland

DR. ALEXANDER GIBSON

Come with me to a typical Army hut of forty beds in a big hospital on the breezy edge of a Scottish moor. Fertile fields are at our door, but from the neighbouring hills and heaths there come sweeping in "winds, austere and pure." Austerity likewise marks the hut itself. The outside of the walls shows the naked brick of which it is made; the inside is painted a hue which in our expansive moments we think of as "cream" or "ivory." At the near end there is a group of small rooms, bathroom, linen cupboard, storeroom, kitchen, office for the Nursing Sisters in charge, and then there is a large ward the day she was gavaged with high caloric and corn syrup. At night she responded enough to drink a small amount of water. Extreme drowsiness persisted. She slept deeply all night.

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A soldier recuperates at Hairmyres, Scotland.

with twenty beds on either side and in the middle of the central passageway are one or two cots, three stoves, and a table or two. The stove is the only source of heat, and this function it performs none too efficiently in this he-man's climate. This sounds rather drab and uninviting, yet you have made entry upon as happy and "homey" a little centre as you are ever likely to meet.

Thackeray says somewhere, "A different universe walks under your hat and mine." We might modernize the phrase to fit our special circumstances by saying that every patient broadcasts on a different wave length and the understanding nurse or doctor must be able and willing to tune in almost automatically. In that respect the Canadian Unit has a treasure in both the Scottish and Canadian charge nurses. There are times when it is the part of wisdom to turn a blind eye on masculine peccadilloes, and others where reproof must be prompt and sharp. At all times there must be understanding of the infinitely variable minds that go with the wounded and bruised bodies. A patient is not a wound, he is a wounded man with all a man's hopes and fears, problems and anxieties, frailty and strength. Fellow-feeling, compassion, sympathy, understanding, call it what you will, a good nurse must possess it; without it her ward may be swept, garnished, but chill; with it, the self-same ward may pulsate with life and warmth.

Understanding alone, however, is not enough. This is a material world, and material things add to one's comfort, so we do not despise them. When we first took over the ward it was cheerless indeed; there were no books, no magazines, no pictures. A magazine borrowed from an adjacent ward carried the name of the donor in Ontario. The latter was written to and thanked, and from that communication an interchange of letters has been to the ward a fruitful source of contributions. There have been gifts of books and magazines, used and unused, games, jigsaw puzzles, pencils, notebooks, erasers, candles, a hurricane lamp carrying a candle in a little tumbler, and pieces of chintz for cushions. The last named was a much prized gift; to buy it in this country would have meant precious coupons. These also would have been necessary for scraps of linen apparently too small for anything very elaborate, but they are being embroidered in a simple design to make attractive the food-trays of bed-ridden patients. A neighbouring florist gave large coloured prints of flowers: irises, delphiniums, freesias, gladioli, tulips. Even patients confined to bed can make appropriate frames for them, and now they decorate our walls. Sometimes we entertain a patient who has a gift for mural decoration—witness the startling cartoons of Popeye the Sailor and a kilted Highlander that stare at us almost life-size from the walls.

From three to four each afternoon visitors are welcomed and when they arrive the ward is looking its best. The red blankets on the beds strike a note of cheery warmth and the place assumes as leisurely an aspect as it can manage. But this is not a complete picture of the day's activities. These commence at 6 a.m. It may be dark as pitch outside, but the day has begun. Temperatures are taken, washing up is done. Chins are shaved, teeth are brushed and then breakfast arrives. By 8 a.m. the meal is over and all is prepared for the night staff to hand over to the day staff at 8.15 a.m. The report is made and the day staff takes over. Minor dressings are done, bed making is completed, baths are given and routine treaments are carried out so that all is in readiness for the surgeon in charge who commences his round about 9.30 a.m. Every patient is seen, and his condition summed up sometimes with a "progress note" added to his record. Splints are adjusted, plasters inspected, special wounds dressed, new patients interrogated and examined, requisitions made out for x-rays or special investigations. Sometimes a plaster has to be changed. Then the patient is taken by ambulance to the Treatment Block, a V.A.D. accompanying him on this or on visits to the x-ray department.

Twice per day the mail is collected at the canteen, brought to the ward and distributed. There may be a visit to the splint shop, or to the stores for canes or crutches. Then there may be a call from one of the minor officials to inspect the gas masks, or the engineering staff may appear to do a bit of soldering.

Recently the pudding tin has been leaking and as a new one is unprocurable the old one has to be patched up. Lunch comes at 12.30, and after that the bulk of the day's routine is over. Though that is so, idleness is not encouraged. Patients who are up and about may gather about the bridge tables and play draughts, Chinese checkers or card games, a favourite being "Bingo." Those who are confined to bed can have the fun of weaving on small looms, making stuffed animals, plaiting string belts, knitting bags; some of them make leather bags and use shoe polish to stain them. One merchant seaman while confined to bed wove a large net for the sweet peas. Upon occasions the padre brings along some of his records and gives us a recital. We had one recently lasting an hour which included Handel's "Largo," Beethoven's "Fifth Symphony" and Elgar's "Pomp and Circumstance"; musical tastes are not all alike and there are always those whose appetite craves the heady strains of "Pistol-Packin' Momma."

Friday is a rather special day for entertainment. There is always a movie show and it is usually a good one. There are three showings, and patients who can be taken in wheel chairs or spinal carriages go to the first one in the early afternoon.

Tea comes about 5.30 p.m. and there is usually a spot of supper—cocoa and toast—about 8.30 p.m. By that time the night staff has arrived and shortly afterwards it is "lights out." One other piece of routine has not yet been mentioned—drawing the shades for blackout. The time for this varies with the season of the year.

With all the coming and going, especially in this land so much favoured by Jupiter Pluvius, the best mats and scrapers will not assure clean linoleum. Twice a day the floors are swept and three times per week they are waxed. A good deal of this is done by the patients themselves. That brings us to the little ward maids. Most of them are from 16 to 18 years of age and are the daughters of miners from the neighbouring village of B. They are fresh, rosy-cheeked little girls with a naive charm enhanced by their broad West Country accent. Much that they see is new to them and they are eager to learn. They soon become expert in presenting a dainty tea-tray and helping with sewing and embroidery. A good deal of mending has to be done in the ward, and the sewing basket—made in our own workshops and lined with a piece of cretonne (1 coupon)—is in steady use. Many of the men sew on their own buttons, but there are many oddments to repair and darn, and with these the ward maid is a great help.

A Canadian Nurse in India

Matron Annie Edgar

Editor's Note: The following letter was published in *The Quarterly*, the periodical of the Toronto General Hospital Alumnae Association, and permission to bring it to the readers of the *Journal* was graciously accorded us. We feel sure our readers will be interested to read of Matron Edgar's experiences.

Since I wrote to you last summer, I have travelled right across India from the North West Frontier Provinces to Eastern Bengal as in November I was transferred to this active service area.

Officially my new hospital is more than three times as big as my last hospital but when I arrived we were having more than twice the number of patients there should have been. Every room, hut, and verandah was crowded and I had fewer nurses to look after them than in my former hospital. Recently we have been nearer to our correct numbers as more hospitals have been established, patients are being sent direct from the front line by plane to such places as Calcutta, and we are evacuating our patients much more quickly. We are not supposed to keep a patient more than a month, and most move on within a few days.

Our hospital is divided into two sections, the medical and surgical divisions. In the former the most common disease is malaria and I am not surprised at this as the mosquitoes are a real pest even in December and January and I am surprised that anyone in this region escapes it. I have been one of the lucky ones. Each patient sleeps under a mosquito net to keep him from being bitten. About six o'clock each evening these are tied to the frame with which each bed is equipped and after that the ward has a most peculiar appearance. In the large wards one sees no patients but rows and rows of oblong mosquito net boxes about six feet high. These enable the patient to have a peaceful night, safe from malaria mosquitoes, but they make nursing at night very difficult as in the dim light it is impossible without lifting the net to see the condition of a patient or even to know if the patient is in bed. We have many cases of anemia, pneumonia, typhoid, dysentery, smallpox, cholera, etc. At one time we had as many as forty-two patients with smallpox.

In the surgical section most of the patients are men who have been wounded in the Arakan campaign and brought to us by convoy. In a convoy there are always men who have minor injuries and can walk and those who have been seriously wounded. A present patient was shot right through the chest and the bullet just missed the heart and large blood vessels. The doctors consider him a show case. Another and many like him have both legs in plaster and at least three or four other bandages in different places. Some are critically ill and some are in great pain. It is amazing how cheerful they are and how keen they are to get back into the fight. This is evident in all the wounded. The other day I was trying, without success, to persuade a badly injured man to take nourishment and finally I said, "You don't want to die, do you?" As quick as a flash and very indignantly he said, "Of course I don't want to die. I am going to get better and go back to the front just as quickly as I can". I rather think that he will not see active service again.

This is the spirit that all of them show and I have not the problem of working with those who dwell on the horrors and futility of war. It is almost a game with them and they enjoy relating to me stories of their skill in battle and in dealing with the enemy. I have not come across one who did not delight in telling of his experiences. Sometimes three or four will talk at once and if they are speaking in Urdu or Punjabi, I can probably get the details, very much exaggerated, I hope, but if a Telegu or Tamil or Madrasi-speaking person joins in, I am defeated and feel that I might as well be in the tower of Babel. They like to go into details with accompanying actions which are sometimes rather gruesome. Yet, I did not get the impression that they were cruel but that they gloried in their skill as one in a hockey or football game who has scored a difficult goal.

They are enthusiastic about the arrangements for their welfare, especially when they were isolated or surrounded by the Japanese. They will thrill the people back in their homes when they tell them how food was dropped to them by parachute and how they received their rations of rice, wheat, biscuits, meat, however hard pressed they were by the enemy. The Japanese in this Arakan area, they say, had very poor rations and "we had everything of the best". Things were dropped in sacks. Even petrol was dropped to them and unfortunately, on at least one occasion, the petrol container burst and some men were badly burned. One of these is at present here—badly burned on head, face, arms and legs. His condition has been critical but he is out of danger now.

We have patients from all parts of the country, from the North West Frontier Province where I worked last year, from the Kangra Valley (sometimes I come across men who once attended our mission schools) and from every corner of India and most of them seem to be enjoying the war. It means employment in a land which I think must have as much unemployment as all the rest of the world. It means food, clothing, fairly good pay, perhaps a pension and they find it an exciting contest.

They have a poor opinion of the Arakan with its hills and valleys and rivers, its dense jungles infested with malaria mosquitoes and leeches and the drinking water tasting of oil. Leeches are a real problem in this campaign as there does not seem to be any way of escaping them in this jungle warfare. The leeches penetrate through the eyelets of their shoes, over the tops of their shoes and they even drop from the trees in this damp climate. One is unconcious of their presence until one sees them. They painlessly suck up the blood until they are gorged and fall off. They cannot be pulled off as the sucker is left behind and a sore forms. They will, however, drop off if a little salt is put on them or if a lighted match is applied. So many of our patients are anemic because of the blood they have lost to these leeches.

I am not going to tell you about the famine which was so bad in this province as you have undoubtedly read about it in the papers. It was pretty well a thing of the past when I arrived in November but in its wake has followed much sickness such as smallpox, cholera, and the results of the nutritional diseases will be evident for years. Although the acute famine is past the poor are still poor and prices are still high. Food kitchens have been established to help the poor and an effort has been made to control prices but the black market still exists. Relief work still continues and hospitals and dispensaries have been opened. Our Commanding Officer, a very able administrator, has just been appointed for this work. We shall be sorry to lose him.

I am very comfortably housed and I consider myself lucky as many in this area have to live in tents. For our Sisters' and Nurses' Mess we have a very fine two-storied house and two basha huts. These latter are made of split and woven bamboo sheets on a cement floor and have thatched roofs. Each is divided into four rooms. I have a large bedroom, a small office and a balcony on the second floor of the building. We have a lovely large garden and as I look down from my balcony I see colour in every direction. I can see through waving aerials of American beauty bougainvillaea, a bush which is a mass of blue flowers, and beyond that is a fruit tree with pale pink blossoms. On the other side is a big tree—most of the trees are big enough to have houses built within their widespread branches—and covering the top of it is a vine with huge white Easter lily-like flowers and in this tree some golden orioles have their nests.

The climate of East Bengal is supposed to be the worst of all India, not because the temperature goes very high as compared with North West India, but because the humidity is so great. I do not think that the temperature goes much over one hundred but the warm weather starts early. In fact, it is never cold here and the climate during December, January and February was almost perfect. It is hot now and we need fans day and night. The West Africans are proving themselves excellent fighters but although they come from the Gold Coast, which I always thought had the worst climate in the world, they are complaining a lot about the awful climate here.

What about entertainment? There are two cinemas where ancient British and American films are shown. I am a member of the club which has a good library, an excellent swimming pool and tennis courts. There is a big recreation hall for British troops where dances and entertainments are held very frequently and my nurses are in great demand at these dances. I sometimes go along with them. Today I am having tea with the American Red Cross workers. So you see that my lot is cast in pleasant places.

In spite of the climate in hot dry places and in hot moist places, I am keeping very fit and am enjoying my work. I have not had a single day's illness since I joined up a year ago and I have had only ten days leave during the time. I hope to have a month's leave in May and plan to spend it in Shillong. I wonder when I shall meet you in Canada, probably not for a couple of years more. I want to thank those of you who have written me. It is nice getting letters.

Procedure for Handling Student Nurse Recruitment Inquiries

E. A. ELECTA MACLENNAN

In the past, student-recruitment publicity has referred the recruit to "the Registered Nurses Association in your province". Inquiries received by the provincial associations are handled in various ways. From conversation with the Executive Secretaries, it appears that the information given the inquirer is very meagre — in most provinces, a form letter and a list of names of approved schools of nursing in the province. One or two provinces advise the inquirer what to look for in selecting a school of nursing, but the material sent her does not guide her in finding such a school. A folder prepared by the National Office may be sent, but this does not give specific information regarding schools of nursing. To obtain further information, the inquirer must write to the superintendents of hospitals. To obtain information regarding schools of nursing in other provinces, she must write the other provincial associations, then write superintendents of hospitals the names of which are sent her.

Flaws in this procedure

1. "The Registered Nurses Association in your province" is insufficient address. The average reader or listener does not even know in what city or town the Registered Nurses Association in her province is located, let alone the street or telephone number. It is impossible to give this information regarding nine associations in national radio publicity; it is cumbersome and unwieldy in printed material. If the prospective recruit, being brighter than average, guesses that the provincial nurses association is in the capital of the provinces she is not necessarily right. If she knows or discovers the city or town in which the Association's office is located, she may, if possessed of unusual tenacity, try to obtain a telephone book for that city or town to get the street address or phone number. Even then her troubles are not over. Provincial offices are variously listed, not necessarily in agreement with the official name of the association (which name itself varies, the name of the province in some cases preceding, in others following R.N.A., for example, M.A.R.N., R.N. A.P.Q.) Only a small percentage of girls will go to all the trouble involved in discovering the whereabouts of their provincial nurses association — some will abandon the whole idea of nursing, others will find their way to a school of nursing (not necessarily approved) through other more easily located sources of information.

2. The inquirer who does locate her provincial nurses association receives, in most cases, very little help. She receives, after all her trouble, a form letter which usually is not addressed to her personally. She receives a list of names of schools of nursing in her province but no information regarding these

schools of nursing, the number of beds in the hospital, the approximate size of classes, the affiliations, the entrance requirements. To obtain this information she must write to the superintendents of the hospitals. And, as previously pointed out, if she wants information about schools of nursing in other provinces, she must locate other provincial associations, write more letters, then, again, write to the hospital superintendents for any real information. A girl may well have to write two dozen letters before she obtains the information she requires. How many letters would you write before abandoning the attempt to get information for which you had been urged to inquire in the first place? The wonder is that we have any nurses.

Recommendations

The shortage of nurses in Canada is so acute that the Canadian Nurses Association has been granted by the Dominion Government a substantial sum of money to enable them to cope with the situation. A large portion of the government grant is being used for student-nurse recruitment. Girls are being urged to enter the nursing service. Is it not reasonable that we should make it as easy as possible for these girls to obtain the information they desire? With many careers now open to young women, it can no longer be assumed, as it has been assumed in the past, that a sufficient number of girls will enter nursing, *in spite of all obstacles.* There are enough obstacles which the Association is at present powerless to remove — this makes it all the more urgent that the Association do all possible by giving helpful information and guidance. To this end it is recommended that:

1. National student-recruitment publicity refer the recruit to the Canadian Nurses Association, 1411 Crescent St., Montreal 25. Thus *all* publicity could give *one* definite address for all Canada, making it easy for the reader or radio listener to write for information.

2. National and provincial associations be listed in telephone directories under "nurses", where the uninitiated are most apt to look for them.

3. All offices, provincial and national, be equipped to give fullest possible information regarding approved schools of nursing in Canda. When the inquiry is general, the inquirer should receive a list of approved schools of nursing with information regarding number of beds in the hospital, size of classes, affiliations, entrance requirements, etc., in addition to material of more general nature which will help her to choose the right school. When the inquirer states a preference among hospitals, cities, towns and provinces, she should receive calendars of schools of nursing wherever she prefers to train. Association offices should request calendars from approved schools of nursing and keep a supply of these always on hand.

Conclusion

It is in the interests of the nurses associations and the future of the nursing service in Canada that recruits apply to association offices rather than to local hospitals for information. The association offices cannot get and do not deserve to have the confidence of any number of prospective nurses until and unless they are prepared to handle inquiries courteously and give full and unbiased information. It should not matter by which office an inquiry is handled *provided all offices are willing to give fullest possible information regarding all schools of nursing in Canada, without prejudice.*

Such information is available from the National Office and from the schools of nursing themselves, and it is almost as easy to put much as little information into an envelop and mail it. Inquirers will receive at once the information it now takes weeks to obtain, more of them will enter schools of nursing, the shortage will be eased, and the Association will make friends.

Notes from the National Office

Contributed by FLORENCE H. WALKER

Assistant Secretary, The Canadian Nurses Association

Executive Committee Meeting

By the time these *Notes* appear in print the autumn meeting of the Executive Committee of the Canadian Nurses Association will have been held in Montreal. In addition to the usual routine business, an important item found on the agenda is the consideration of policy regarding rehabilitation plans for those women of the Armed Services who are interested in pursuing nursing careers following demobilization.

The General Advisory Committee on Demobilization and Rehabilitation of which Mr. C. N. Senior, of Ottawa, is executive secretary, has been interested in finding out from universities and other groups what educational qualifications they will accept for ex-service men and women and what special arrangements can be made, if any, where slight deficiencies exist. The National Conference of Canadian Universities has approved a special junior and senior matriculation program for the admission to English-speaking universities of ex-service personnel who qualify during the period between armistice and demobilization. The Canadian Nurses Association is prepared to advise provincial registered nurses associations to accept the same program.

Some of the young women in the Services who are interested in nursing have had Service experience as hospital assistants or sick berth attendants. The matter of time credits on the nursing course for this experience has been brought up by the General Advisory Committee on Demobilization and Rehabilitation and is a matter for careful consideration. It is expected that decisions reached by the Executive Committee on this point will be available for publication in a later issue of the *Journal*.

I. C. N. Conference

Last year Miss Anna Schwarzenberg was re-appointed as executive secretary of the International Council of Nurses. Those who attended the general meeting in Winnipeg listened with great interest to her address on the subject "Reviving International Relationships." A sign that the revival has begun was evidenced by the two-day conference which was held in New York in October. Available members of the Board of Directors, I.C.N., met the first day, and on the second day I.C.N. committee chairmen were included. The Canadian Nurses Association was represented at this conference by: Miss G. M. Fairley, third vice-president, International Council of Nurses; Miss F. Munroe, president, Canadian Nurses Association; Miss M. Lindeburgh, past-president and chairman Committee on Postwar Planning; Miss E. Johns, official representative of the Committee on Postwar Planning to the Council of Canadian Voluntary Agencies Assisting UNRRA; Miss J. Masten, newly-appointed chairman of the Canadian Florence Nightingale Mem-

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orial Committee. At the time of writing the number of countries represented at the conference is not known and information is not available regarding the details of the agenda. It is expected that there will be interesting developments in international nursing affairs to report later.

Income Tax Deductions

At the meeting of the Executive Committee held in Winnipeg in June 1944, letters were read drawing attention to the fact that parents were unable to claim income tax deductions for daughters in schools of nursing, although deductions are granted for students attending secondary schools, universities or other educational institutions. In some instances income tax officials have ruled that a school of nursing is not an educational institution within the meaning of the Income Tax Act. After some discussion it was decided to approach the Honourable the Minister of Finance respectfully requesting his consideration of this matter and of a recommendation that, if schools of nursing were not classified as educational institutions within the meaning of the Act, this be amended to include them. It is a source of satisfaction to know that at the last session of the House of Commons, which adjourned in August, a clause in the Bill on national finance, sponsored by the Minister of Finance, provided that a parent may secure a deduction of 20 per cent of the amount contributed — not exceeding $400 — to the support of a daughter or sister under twenty-one years of age, training as a nurse at a public or provincially-licensed private hospital. While a larger deduction than that provided might seem desirable, it is, of course, true that student nurses do differ from other students, in that the major items of maintenance expense are provided.

Supplementary Allowances to Nurses

In August the Liaison Committee of the Canadian Nurses Association was requested to meet with National Selective Service officials in Ottawa. The meeting was called to consider the serious situation of personnel shortage in hospitals, particularly as it was related to nurses, and to discuss steps which might be taken to meet it. The plan of National Selective Service to offer supplementary allowances to graduate nurses, under certain conditions, was explained at that time. Since then a Directive has been issued for the implementation of the plan. Financial and other arrangements for carrying out the terms of the directive are being handled by National Selective Service offices. Detailed information has been sent also to nursing registries throughout the Dominion and to the offices of provincial registered nurses associations, in order to ensure their assistance and co-operation. Supplementary allowances are being offered to nurses not now employed in hospitals, who would be willing to accept hospital staff positions provided financial assistance was received. The appeal is directed particularly to graduate nurses who are now working at other occupations, to those who are not working, and to married women who can be relieved of home responsibilities. Following are details of the National Selective Service plan and of the allowances made:

1. Transportation to place of employment: Travelling allowance provides coach **fare**, meals at the rate of seventy-five cents **for**

breakfast; one dollar for luncheon; one dollar and twenty-five cents for dinner. If reservations are required, upper berth (tourist) is provided west of Montreal. (The cost of such other type of accommodation as may be considered advisable might be assumed by the hospital.) Return transportation will be paid on the same basis, provided that the nurse remains in the employ of the hospital for an agreed upon reasonable length of time (usually six months) or until the termination of the emergency.

2. During the time lost while travelling, National Selective Service will pay forty cents an hour to the nurse. In addition, National Selective Service will pay: :

(a) Not more than five dollars per week to any nurse who accepts a position as a nurse, provided that her former employment was more remunerative.

(b) Not more than seven dollars and fifty cents per week as a separation allowance, if the nurse will be required to live separately from persons dependent upon her for support.

(c) If necessary, National Selective Service will make a temporary advance for living expenses.

(d) A temporary advance of not more than fifteen dollars will be made for uniforms.

(e) Both (c) and (d) are recoverable, requiring a promissory-note payable within forty-eight hours from the time the nurse receives the first salary, unless extended by National Selective Service.

3. Graduate nurses leaving positions outside of nursing will be entitled to reinstatement in their present employment, and those concerned will be so advised.

4. Graduate nurses who are presently unemployed or not gainfully employed (i.e., a married woman looking after her home) are entitled to supplementary allowances. No right of reinstatement is involved, or wage differential or payment for time lost while travelling.

5. A registry or hospital which may find the above arrangements of assistance in securing graduate nurses for staff should confer with the manager of the nearest Employment and Selective Service Office in writing, if an interview by reason of distance is impossible. In letter or interview, the registry or hospital should refer to N.S.S. Circular 356.

6. The supplementary allowances and reinstatement privileges are authorized either by or through the Local Employment and Selective Service Office.

7. The procedure connected with above requires a certain amount of time (approximately two weeks) and this should be borne in mind when discussing employment with a professional graduate nurse employee.

Bursaries

The issuance of bursaries is a major task in National Office during the summer months. While bursaries for short courses are issued throughout the year, those for university courses covering the academic year must necessarily be awarded and issued before the university term opens. This year a total of $75,000 was available for bursaries, from the grant made to the Canadian Nurses Association by the Canadian Government. Of this total, a definite sum was allocated to each province, the amount being based on the number of registered nurses in the province. In most provinces long-term bursaries were awarded in July to cover the entire provincial allocation.

Up to September 30, 160 long-term bursary applications had been received and 133 bursaries awarded. For various and unavoidable reasons, 9 later withdrew their applications. Of the 124 bursaries finally issued, 75 were for courses in public health and 49 for courses in teaching and supervision or administration. Up to September 30, 25 short-term bursary applications had been received and 22 bursaries awarded. A list of bursary recipients complete to this date follows:

Alberta

Long-term: Mrs. June Butterwick, Calgary; Beatrice Chinn, Vancouver; Dorothy Geeson, Holden, Alta.; Jessie Horne, Victoria; Gladys Hutchings, Gull Lake, Sask.; Nessa Leckie, Sheko, Sask.; Liana Marano, Drumheller, Alta.; Annette Mongeau, Calgary; Marguerite Ries, Castor, Alta.; Lydia Singer, Edmonton.

Short-term: Mary McIntyre, Debolt, Alta.; Marjorie Pinchbeck, Calgary; Alice Swift, Viking, Alta.

British Columbia

Long-term: Margaret Campbell, Banff; Pauline Griffin, Victoria; Violet Hele, Ganges, B.C.; Lenora MacDonald, Vancouver; Margaret Madden, Vancouver; Mary McLean, Invermere, B.C.; Hazel Merritt, Vancouver; Lavonne Purves, Victoria; Gwendoline Rogers, Vancouver; Gertrude Rollo, Vancouver; Ruth Smellie, Eburne, B.C.; Dorothea Sabourin, Salmon Arm, B.C.; Eden Wayles, Vancouver; Marjorie Willis, Vancouver; Iris Williscroft, Nelson, B.C.

Short-term: Norah Armstrong, North Vancouver; Flora Macdonald, Calgary; Phyllis Reeve, Vancouver; Jessie Watt, Union Bay, B. C.

Manitoba

Long-term: Isobell Barron, Winnipeg; Mabel Gemmill, Pilot Mound, Man.; Thelma Johnson, Winnipeg; Audrey Jones, Regent, Man.; Edith Osborne, Virden, Man.; Dora Roe, Arden, Man.; Eva Rowlett, Gilbert Plains, Man.; Cecilia Sweluk, Lac Vert, Sask.; Florence Thomson, Newdale, Man; Mary Verhoef, Winnipeg.

New Brunswick and Nova Scotia

Long-term: Marie Cummings, Lr. Southampton, N.B.; Isabel Lane, Fredericton; Evelyn Mooney, Saint John; Dorothy Titus, Lower Millstream, N.B.; Viola Bown, Bell Island, Newfoundland; Frances DeKouchey, Sydney, N.S.; Gladys Hergett, Centreville, N.S.; Isobel Mackinnon, Ingonish Ferry, N.S.; Helen Munroe, Stellarton, N.S.; Ruth Smith, Malagash, N.S.; Helen Voss, Irvine, Alta.

Short-term: Helen Cahill, Moncton; Lorna Gulliver, Point Gardiner, N.B.; Audrey Ross, Sussex, N.B.; Doris Wright, Moncton; Gertrude Lawrence, Bridgetown, N.S.

Ontario

Long-term: Sr. Angeline (Rita Coyne), Toronto; Lucy Ashton, Ottawa; Dorothy Ball, Hyde Park, Ont.; Annie Ballantyne, Atwood, Ont.; Catharine Blacklock, Mount Chesney, Ont.; Phyllis Bluett, London, Ont.; Helene Boehme, Dilke, Sask.; Evelyn Cunningham, Brussels, Ont.; Mildred Davison, Sarnia; Viola Downie, Ottawa; Margaret Drummond, Mitchell, Ont.; Sr. M. Florian, Toronto; Anne Gibson, Gananoque, Ont.; Lois Gorman, Belleville, Ont.; Winifred Hay, Goderich, Ont.; Marian Hill, Winnipeg; Elizabeth Kerswill, King, Ont.; Mildred Laughlen, Trenton, Ont.; Marjorie MacEwen, Bristol, P.E.I.; Mrs. Mary MacPherson, Marysville, N.B.; Sr. Mary Grace (Marie Stevens), Hamilton, Ont.; Sr. Mary Geraldine (Carmel O'Callaghan), East Pembroke, Ont.; Sr. Mary Loretta (Mary Fitzgerald), Peterborough, Ont.; Sr. Mary Paulina (Erla Holly), East Pembroke, Ont.; Sr. M. Matilda (Mary Helen Gibbons), Toronto; Bernice McMackon, Angus, Ont.; Eileen Morris, Orillia, Ont.; Ingrid Penman, Sudbury, Ont.; Juliette Renaud, La Salle, Ont.; Mae Renwick, Keene, Ont.; Margaret Roberts, Victoria; Molly Rowe, Toronto; Ethel Rutledge, Sydenham, Ont.; Florence Sinclair, Toronto; Dorothy Stone, Woodstock, Ont.; Bernadette Walsh, Hastings, Ont.; Shirley Warnock, West Saint John, N.B.; Marian Werry, Dundas, Ont.; Harriette Wilton, Durham, Ont.; Kathlyn Wood, Mimico, Ont.

Short-term: Emma Boland, Englehart, Ont.; Elizabeth Gillespie, Toronto; Sr. Marie Celeste (Lucille Palmerston), London, Ont.

Prince Edward Island

Long-term: Reta Coady, Hazelbrook, P.E.I.; Sr. Mary MacKinnon, Charlottetown.

Short-term: Jean Enman, Charlottetown.

Quebec

Long-term: Vera Arendt, Montreal: Colette Belanger, St. Laurent, Que.; Sr. Marie Bernard du Divin Coeur, Montreal; Marie Therese Bulteau, Montreal; Sr. Claire Jeannotte, Montreal; Sr. Colette-Françoise, Montreal; Sr. Irene Drouin, Montreal; Lela Ellis, Bathurst, N.B.; Lucienne Frégeau, Montreal; Sr. Suzanne Gauthier, St. Hyacinthe, Que.; Beryle Hawley, Clarenceville, Que.; Mrs. Mary Hecht, Montreal; Margaret Holder, Truro, N.S.; Therese Julien, St. Timothée, Que.; Gertrude Lapointe, Thetford Mines, Que.; Lucinda LeMay, Montreal; Yvette Lessard, Montreal; Hazel MacKenzie, Bridgeville, N.S.; Katherine MacLaggan, North Devon, N. B.; Laura Matt, Que.; Marielle Nault, Montreal; Marielle Patry, Montreal; Sr. Laurette Proulx, Montreal; Sr. Marie Louise de la Sainte Famille, Montreal; Pauline Senécal, Chambly Basin, Que.; Isabelle Shooner, Drummondville, Que.; Esther Wolff, Westmount, Que.; Paula Yelle, Montreal.

Short-term: Sr. Clement-Auguste, Montreal; Sr. Marie-Godefroy, Montreal; Sr. Thomas du Sauveur, Hull, Que.; Françoise Savard, Montreal.

Saskatchewan

Long-term: Jean Clark, Bounty, Sask.; Charlotte Crowe, Fort San, Sask.; Sr. Perpetua Haag, Humboldt, Sask.; Marjorie Leger, Saskatoon; Edna Moore, Saskatoon; Francine Philo, Winnipeg; Alice Skaftfeld, Shaunavon, Sask.; Mabel Velde, Burgis, Sask.

Short-term: Isabella Cruickshank, Yorkton, Sask.; Valeria Stan, Dysart, Sask.

Appointments to UNRRA

The following nurses have received appointments to UNRRA in various capacities and are proceeding to Washington: Chief camp nurse, Norena Mackenzie; public health supervisor, Josephine de Brincat; hospital supervisors: Louise Bartsch, Helena Reimer, Ethel Wilsey; hospital staff: Elsie Barry, Janet Brenner, Janet Brenton, Mrs. Innes Browne, Elspeth Geiger, Jean Glass, Mary Harwood, Coletta Hess, Margit Inglis, Sarah Madden, Esther Petty, Wilda Rattray, Winnifred Stapleton, Mrs. Eileen Troop, Janet Vanderwell, Frances Ward.

A Visit to Normandy

HILDA NAPIER

On June 6 when the announcement came over the radio that the allied armies had reached Bayeux and adjacent points on the Cherbourg Peninsula, my first thoughts were for the success of our brave men who had embarked on such a difficult engagement. Afterwards, I pictured Normandy as it was in 1917 when I spent a year there during the last war. The beauty of this lovely province of France was not marred then. War had been kinder to Normandy than to many other parts of the country but how differently it had been affected by this war. The German *blitzkrieg* had swept through France, and we read in the newspapers of the beautiful cathedral of Rouen being badly damaged, of the picturesque town of Les Andelys, on the Seine, where the old church and other buildings were totally destroyed. And now we had invaded the beaches of Normandy after extensive bombardment by air and sea. Would anything remain of the magnificent Norman romanesque churches which meant so much to many of us who were interested in the early history of William the Conqueror?

In 1935 I spent some time in Nor-

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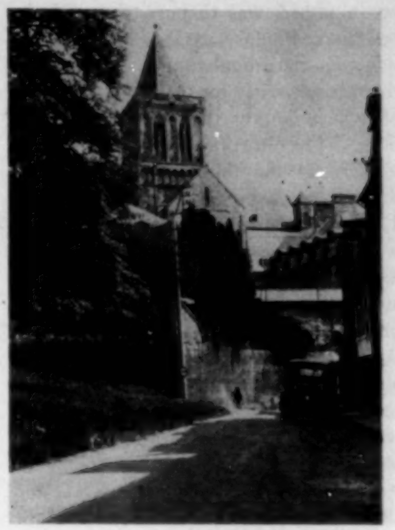
mandy, and visited Bayeux noted for its famous tapestry, Caen for its two inspiring Abbeys. Lisieux for its old timbered houses which remind one of Chester, Rouen where everything recalls Joan of Arc, the Mont St. Michel near the border of Brittany, and the ruins of the Abbeys of Jumieges, St. Wandrille, and Valmont. Now we know that the city of Caen has been very severely dammaged, but miraculously William the Conqueror's Abbey, St. Etienne, where many of the French people lived during the siege, still stands as imposing as before, and Field Marshal Sir Bernard L. Montgomery addressed the crowd from the steps of the church on his first entry into the city. The Abbaye aux Dames or La Trinité stands in a more exposed position, so it is too much to hope that it will have escaped without extensive damage. Because all of these places have been so prominently in the news in recent weeks, a brief glance back over the history will not be amiss. Come with me, then, for a short visit to Normandy, and see it as it was nearly a decade ago.

The old capital of Lower Normandy, Caen, was of very little importance until William the Conqueror and his wife, Matilda, founded their two great Abbeys, and chose the town as their favourite place of residence. William, the illegitimate son of Duke Robert of Normandy, and the lovely laundry maid, Arlette, was born in the castle at Falaise in 1027. The picturesque town of Falaise, which is only twenty-eight miles from Caen ,and easily accessible by motor bus, is well worth a visit to those who are interested in the early history of the first Norman king of England. William and Matilda, who were first cousins and consequently within the prohibited degrees, married without a papal dispensation. They were excommunicated by the Archbishop of Rouen, but later the ban was lifted by the Pope, William having vowed to perform some great work on behalf of the Church, and as a result two magnificent Abbeys were built.

The Abbaye aux Dames or La Trinité was founded by Matilda as a nunnery for noble ladies. At the dedication the little daughter of Matilda and William was consecrated as the Abbess. This beautiful church built in the form of a latin cross is entirely romanesque, except for a single chapel in the north transept and the choir vault, which are gothic. The building was begun in 1059 and Queen Matilda was buried here in 1089. It is disappointing when one enters the church to discover that the nave is separated from the choir and transepts, which serve as a chapel for the Sisters of the Hotel Dieu. This undoubtedly detracts from the bold and impressive interior which is typical of the best eleventh century Norman work. The nave is used as a parish church for the district. In the north transept is a charming little chapel of the thirteenth century. The choir is entirely romanesque, and in the midst of it is the restored tomb of Queen Matilda, consisting of a black marble slab with an epitaph inscribed in fifteenth century characters. During the Wars of Religion her remains were scattered and reassembled several times. The capitals in the apse, and also in the choir which are richly carved, are remarkable with their mixture of Hindu, Chinese, and Indo-Chinese art. The Hotel Dieu, now an almshouse, occupies the former Abbey buildings.

Leaving the Abbaye aux Dames we descend to the Place St. Pierre following the Rue Guillaume-le-Conquerant to the Abbaye aux Hommes or St. Etienne. It is with a feeling of awe that one approaches this church which seems to possess many of the characteristics of its founder, the redoubtable William. It was finished in 1077, and Archbishop Lanfranc became the first Abbot. In spite of the gothic additions which were made in the early thirteenth century and later restorations, it is a romanesque edifice of the first rank. The austere west front is pierced by three romanesque portals, and ten arched windows without ornamentation. The two magnificent towers are of romanesque work, and the spires with their surrounding bell-turrets are Norman gothic thirteenth or fourteenth century. The nave is beautifully proportioned, three storeys high, and has pillars alternately broad and slender. The choir is the earliest example of Norman gothic, next to that of the Trinité at Fecamp. Before the high altar is a plain marble slab which marks the grave of William the Conqueror. The old Abbey buildings are occupied by the Lycee Malherbe. There is an interesting picture to be seen here of William of Normandy setting fire to his fleet on his arrival in England. After visiting these two splendid Abbeys of Caen, let us take a trip to Bayeux to see the famous tapestry which portrays so quaintly the history of the Norman conquest of England.

The old town of Avranches has been chiefly known to history students as the place where Henry II knelt in the cathedral before the Papal legates, to do penance for the murder of Thomas à Becket. The cathedral which was in a dilapidated condition was pulled down in 1799, and was not rebuilt, but in spite of the fact that the town has very little of historical interest to offer, one forgives it this, because of its magnificent situation on the summit and slopes of a high hill three hundred and forty feet above sea level. The most charming place in Avranches is the beautiful "Jardins des Plantes", which commands a wonderful view of the Bay of Mont Saint Michel. It was here on a perfect spring day with the sun gradually dispelling the morning mist that I first saw what has been described as the "Eighth Wonder of the World", the Mont Saint Michel, the place which has more visitors in the year than any other historical monument in France, except the Louvre.



The Abbaye aux Dames, Caen

The Abbey-fortress of Mont Saint Michel is situated on a granite islet two hundred and sixty feet high, and surrounded at its base by a medieval stone wall. Its history dates from 708 when Saint Michael appeared in a vision to Saint Aubert, Bishop of Avranches, and commanded that an oratory be built on the summit of the Mont. The original building gave place to the Carlovingian church of the tenth century, and also to the present romanesque Basilica. The Benedictines were installed in 966 by Richard I of Normandy to form a monastery. A hundred years later when William the Conqueror was preparing for the conquest of England, the islet contributed a number of ships to his fleet. Through the years the Abbey grew both spiritually and temporarily, and in the twelfth century under the celebrated Abbot, Robert de Torigni, it became a well known seat of learning. The French king sent a force to capture the Mont in 1203, but all it accomplished was to burn some of the buildings. Philip Augustus had compassion on the monks and compensated them handsomely for their loss, by means of which bounty the "Merveille" was built. The fortifications were commenced in the thirteenth century and Saint Louis who visited the Abbey in 1254 contributed a large amount towards their cost. From this time Mont Saint Michel began to acquire the character of an Abbey-fortress, and had a garrison of its own. After the Battle of Agincourt, when the armies of Henry V overran Normandy, this stronghold under Louis d'Estouteville successfully resisted two sieges, 1417 and 1423. The Royal Order of Saint Michael was instituted here in 1469 by Louis XI, and the earliest chapters were held in the famous "Salle des Chevaliers", which is a beautiful hall dating from 1215-1220, with four finely vaulted aisles. Due to disorders which existed in the monastery, the monks were replaced in 1622 by others of the Order of St. Maur. When the Revolution came the buildings were used as a prison and continued to serve this purpose until 1863. In 1874 the Mont Saint Michel was placed under the Commission Des Monuments Historiques and the Abbey buildings were restored.

It is advisable to be ready early to be conducted through the Abbey, as one can see it to much better advantage before the crowd of sight-seers arrive, which is usually about noon. After mounting long flights of stone steps the terrace is reached in front of the church, where a magnificent view is obtained of the surrounding country. The most notable features of the Abbey are the church, the cloisters, the Merveille, and the Salles des Chevaliers already mentioned. The church consists of two parts, of different periods and styles. The Norman romanesque transepts and nave are in the massive style of 1020-1135 (restored). The flamboyant choir which is surrounded by aisles and radiating chapels and supported by flying buttresses dates from 1450-1521. From the outer platform of the apse these enormous flying buttresses are seen at close quarters. Above rises the modern spire which is four hundred and ninety-eight feet above sea level, topped by a gilded Saint Michael and the dragon.

The Merveille with its large façade was begun in 1203. This was the monastery proper where the monks lived and toiled to bring this inspiring Abbey to perfection. Its architecture unites the best qualities of thirteenth century Norman art. The cloisters which form the west half of the super-structure are very famous. Towards the court they are supported by a double row of pointed arches, resting on graceful slender pillars.

The Abbey of St. Wandrille had two foundations. The first in the year 649; the second in 1894. There were also two periods of exile—858 to 960 and 1901 to 1931. The Nordic barbarians burnt the Benedictine home, the Revolution destroyed the conventual buildings, but they could not destroy the religious life of the spiritual sons of St. Benoit who continued to carry on the work of their founder, the Monk Wandrille. After thirty years in secular care the monastery was restored to the Benedictine Order and it has now awakened to its former life. Upon entering the gate one is confronted by the ruins of the Abbey transept, with massive pillars and graceful gothic arches, which made one feel how fitting it is that these old stones are now fulfilling their original purpose. The most complete part of the monastery is the refectory, a lofty vaulted room which dates from the twelfth and fifteenth centuries, and possesses eight beautiful windows. The cloister consists of an elaborately carved fourteenth century gallery, and three smaller ones of the sixteenth century.

The best preserved of its statues is the famous "Virgin of Fontenelle". There is something appealing about the tranquil beauty of the cloister with its small garden of green shrubs surrounding the cross in the centre. There is another garden in the Abbey grounds, where one may sit and quietly contemplate at leisure the splendour of the ruins, or wander on the grass, under magnificent trees, while studying them at closer range.

In this manner we finish our visit to the Norman Abbeys whose beauty is enhanced by the Norman countryside in blossom time.

A Peek at a War Plant

Take riding in the bus, for instance. It isn't a case of overhearing conversations — but of trying not to! If you want to get the low-down you can hear Maisie telling Jimmy that she's been enjoying a day's suspension because she left her pass in her boy friend's pocket at the dance the night before. Of course, the foreman wouldn't give her a day off for the asking, though she hadn't missed a shift in a year and a half. Try and figure out the justice in that! And if your seat companion doesn't know you're a nurse, you are liable to receive a few broad hints on how the medical situation could be improved.

It is all part of life in a munitions plant set up beyond the city limits, and wholly devoted to one particular aspect of the war effort. One has to be in it to realize all the angles which it presents. To me, the set-up savours, in some measure, of the community health service which we hope will prove a reality in the not too distant future. A small complete hospital unit, staffed by graduate nurses on eight-hour shifts, takes care of employees who require hospitalization or the treatment facilities of a hospital, within the limits of its capacity, and sends them on for further treatment if necessary. A full-time medical staff gives service in all branches of medicine. A public health nurse supervises the many problems which require her training and experience. First aid posts, with graduate nurses in charge, look after many minor but essential details and treatment, and refer those requiring further care and treatment on to the proper authority. Various plans of medical insurance cover these services. There may be shortcomings and loopholes in any scheme, but there are untold advantages also.

And don't think that nurseries are the only places where you stand and look through the window (at your newest relation) and wonder why they are so fussy. Just try getting near a little mixer full of high explosive, and you'll find windows of shatterproof glass and really thick walls. A speck of dust is as popular as a fly in an operating room, and certainly you can't invade the holy of holies without permission of the supervisor. If and when accidents happen, there is an element of carelessness or human fallibility; and here an ounce of prevention is worth a pound of cure.

Many nurses are experiencing living and working in these surroundings at present, and feel just a little nearer the war effort. This is just a peek through one of the keyholes.

Editor's Note: The original article from which the above excerpts are taken appeared in *The Quarterly* published by the Alumnae Association of the Toronto General Hospital and was written by Stella Sewell.

Obituary

Reverend Sister St. Aloysius died recently in Kingston, Ont. Formerly superior of the Hotel Dieu Hospital, Sister St. Aloysius was on the staff there for fifty years.

Your purchase of $150 worth of Victory Bonds would buy 216,000 inches of surgical adhesive plaster, 2" wide.

Interesting People

The appointment has been announced of **Trenna Grace Hunter** as director of nursing service for the Metropolitan Health Committee in Vancouver, succeeding Miss Lyle Creelman. A native of Manitoba, Miss Hunter graduated from the Vancouver General Hospital and received her B.A.Sc. (Nursing) degree from the University of British Columbia. Miss Hunter had several years experience as a teacher before commencing her nursing career.

At the time the Japanese nationals were being evacuated from the Pacific coast, Miss Hunter was loaned to the B. C. Security Commission and was nurse-in-charge of health and welfare in the internment camp in Vancouver. This camp consisted of the exhibition buildings, quickly renovated, with rows and rows of army cots, and very little else for the care of thousands of Japanese. The work entailed everything from worrying about the supply of soap to the supervision of the construction of a one-hundred bed tuberculosis hospital within the grounds.

Alfred Knight

TRENNA G. HUNTER

More recently, Miss Hunter has been student adviser with the Metropolitan Health Committee, supervising the field work of students from the University and hospitals. She played a prominent part in the development of the industrial health consultant service in Vancouver. Miss Hunter is chairman of the public health section of the R.N.A.B.C.

Frances H. Waugh assumed the duties of assistant to the executive secretary and school of nursing adviser with the Manitoba Association of Registered Nurses in September 1944. Miss Waugh is a graduate in Arts of the University of Manitoba and of the Winnipeg General Hospital. She took a post-graduate course in surgery at the Winnipeg General Hospital and, subsequently, was a member of the operating room supervisory staff for a year. Following her course in teaching and supervision in schools of nursing at the University of Minnesota, Miss Waugh accepted the position of instructress at the Portage la Prairie Hospital School of Nursing. After two years in this capacity, she became science instructor and assistant superintendent of nurses in the Grace Hospital School of Nursing, Winnipeg. Miss Waugh has maintained a steady interest in the Association activities and was a member of the Board of Directors of the Association.

Grace Giles has been appointed to the position of travelling instructor with the Saskatchewan Registered Nurses Association. A graduate of the Toronto General Hospital, with her B.A. degree from the University of Toronto, Miss Giles has had a varied experience in nursing ranging through private duty, staff nurse, head nurse, medical supervisor. Latterly she was senior instructor at the Toronto General Hospital. This breadth

GRACE GILES

Simpson Bros., Toronto

HILDA A. BENNETT

of background has fitted her admirably for her new duties.

Hilda Alice Bennett, who has recently been appointed to lecture in courses on nursing education in the University of Toronto School of Nursing, graduated from the school of nursing of the University of Alberta Hospital, Edmonton. After eight years as assistant superintendent of nurses at the Provincial Mental Hospital in Ponoka, Alta., Miss Bennett moved to Ontario and served as superintendent in the New Toronto, St. Thomas, and Woodstock units of the Ontario Mental Hospitals. Since 1940, Miss Bennett has been inspector of training schools for nurses with the Ontario Department of Health.

Other appointments to the teaching staff of the University of Toronto School of Nursing, for the session 1944-45, include: **Marion Isobel Tresidder**, a graduate of the University of Toronto School of Nursing, who has been appointed as lecturer in public health nursing; for several years, Miss Tresidder has been senior supervisor with the Victorian Order of Nurses in Toronto; **Agnes Frances Lauchland**, graduate of the school of nursing of the Toronto General Hospital, and holder of a diploma in public health nursing from the University of Toronto, who has also been appointed as a lecturer in public health nursing; as instructor in clinical nursing, **Lara Thordarson**, a graduate of the school of nursing of the St. Boniface Hospital and of the University of Toronto School of Nursing, who for the past two years was supervisor of health service and residence nurse in the latter school.

Ashley & Crippen

MARION I. TRESIDDER

Lara Thordarson

A. D. Skilling

Agnes F. Lauchland

Reverend Sister Gertrude Bergeron has recently been appointed to the position of superintendent of the school of nursing of l'Hôpital Saint-Jean. Sister Bergeron is a graduate of Notre Dame Hospital, Montreal, and holds the degree of B.Sc.H. from Marguerite d'Youville.

Major Mabel Cosway has entered upon her new duties as matron of Grace Haven, the Salvation Army Hospital for women in Regina. Major Cosway has a wealth of experience in hospital and women's social work having served as superintendent of Salvation Army hospitals and institutions in Toronto, London, Montreal, Ottawa, Sydney and St. John's, Nfld. Major Conway was born and educated in England and has been associated for thirty years with the work of the Salvation Army.

M.L.I.C. Nursing Service

The Metropolitan Life Insurance Company announces that *Helen Snow,* Metropolitan Territorial Supervisor for New York State, is being loaned by the Nursing Bureau of the Home Office to the Canadian Head Office, part-time, to act as nursing adviser.

Miss Snow received her nursing education at the Presbyterian Hospital, Newark, N.J., and holds a B. S. Degree in public health nursing from the University of Michigan. She was supervisor on the staff of the Newark Visiting Nurse Association for several years before coming to the Metropolitan service in 1942. Miss Snow's assistance to the Canadian Head Office, even though only on a part-time basis, will be particularly valuable in furthering the close relationship with branches of the Victorian Order and other nursing organizations.

Preview

As in previous years, the December issue of the *Journal* will include the Index of all the major articles and reports which have appeared in the fortieth volume, 1944. The **Official Directory** will also make its appearance.

STUDENT NURSES PAGE

Pott's Disease

DOROTHY GUILD

Student Nurse

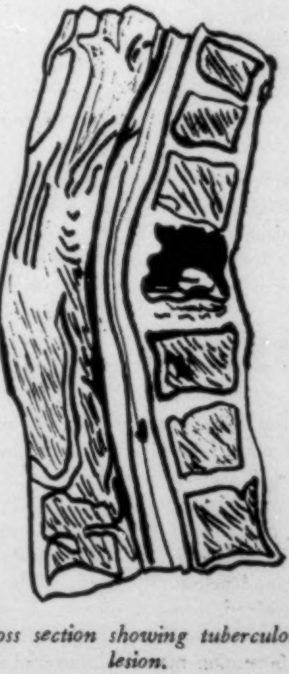
University of Alberta Hospital, Edmonton

"I goin' t' 'cool, Mitt Dones", lisped Roy, the three-year-old from the Cree Reserve. Tightly under his arm was clasped a scribbler, and in his hand a pencil. In the ward, the full-time teacher went to and fro, busily engaged in teaching the older children.

Roy fairly beamed as he looked out from behind his long eyelashes. Since seventeen months of age he has been at rest on a Bradford frame for treatment of Pott's disease. The first year on his frame a plaster body cast insured rest to the spine of the wee boy too small to understand that he must lie still.

Pott's disease is a tuberculous arthritis of the spine which by destruction of the bodies of one or more vertebrae, leads to the falling forward of the spine above the area of disease. with the consequent formation of a knuckle over the spinous processes of the affected vertebrae. It is by far the most common site of tuberculosis arthritis, averaging about 45 per cent of all tuberculous joint affections. The lower dorsal and upper lumbar regions of the spine are most frequently involved. It is essentially a disease of early childhood, the majority of cases occurring in boys between the ages of three and five.

The tubercle bacilli, having reached the spine through the blood stream, cause a caries. The first evidence of pathology may be seen on the upper or lower surface of the body of the vertebrae, under the epiphyseal plate. From here, the infection spreads into the neighbouring intervertebral plate. This is destroyed with a consequent loss of



Cross section showing tuberculous lesion.

Your purchase of $250 worth of Victory Bonds would buy one ultra violet quartz lamp

joint space and involvement of the adjacent vertebral bodies, often as many as six or seven becoming involved. As a rule the area of infection increases and the cancellous bone is replaced by granulation tissue which weakens the vertebral body, leading to its complete collapse. If only one vertebral body is destroyed the subsequent collapse results in the approximation of the anterior border of the bodies of the vertebrae above and below. If several bodies take part in the destructive process the collapse and curvature is so extreme that the body of the healthy vertebra above the tuberculous mass lies in contact with the body of the healthy vertebra below it.

Pott's disease may be arrested at any stage. Early control depends on prompt and efficient treatment, type of infection, and power of resistance of the individual. Repair is usually accomplished by an ankylosis partly fibrous, partly cartilaginous and partly bony. This may be reinforced by calcification of surrounding tissues which have become thickened as a result of inflammation. Thus the area may become encapsulated by a thick fibrous wall without any bone destruction.

Before local symptoms set in there is lassitude, loss of weight, poor appetite, and often an evening rise in temperature. Occasionally, while the tuberculous focus is localized in the body of one vertebra, the patient complains of an aching pain at the site of the lesion. As a rule severe pain is uncommon at any stage of the disease.

Before deformity appears, the patient walks with a peculiar cautious stooping gait, and associated with this is a constant complaint of tiredness. At this stage, movement of the spine is lost over the diseased area and for some distance above and below. By the time the child is examined, some deformity is usually apparent. Accompanying deformity abscess formation may be discovered in the pelvis, back or chest wall, and frequently there is contraction of one or both psoas muscles. This may prevent full extension of the hip joint.

In diagnosis of this disease a family history must be obtained, especially any history of exposure to tuberculosis. A Mantoux test is then done by giving a very small amount of tuberculin intradermally. If positive a red papule will appear at the point of injection within forty-eight hours. Such a reaction does not occur on a person who has never had contact with the tubercle bacillus. A positive test indicates that contact has taken place but yields no information regarding the activity of the infection. If the Mantoux test is positive x-ray studies are then made of the part involved and of the lungs. The patient's sedimentation rate is taken to indicate whether the infection is active or arrested. When the disease is active there is an increase in the sedimentation rate.

In Pott's disease an abscess frequently occurs as a complication. It may remain small and localized to the area of disease or it may increase rapidly in size and extend in various directions according to the level of its original site. Large perivertebral and psoas abscesses are more often encountered in the later stages of thedisease but they may occur early even before any spinal deformity is present.

Paraplegia is also a common complication of tuberculosis of the spine and is usually an indication of inefficient treatment either in the active or in the convalescent stage. It is caused by pressure on the cord from an extradural abscess and it varies from slight spasticity with hyperactive reflexes to complete paralysis with anesthesia and loss of control of the anal and urinary sphincters.

In the treatment of the disease, heliotherapy and ultraviolet are often employed. A nutritious diet, with a variety of foods, attractively served, is necessary. Cod liver oil should be given as diet supplement and in some instances iron preparations are also necessary. However, the most essential factor in treatment is complete rest of the affected part. Fixation is most easily and effectively carried out on one of the various types of frames on which the patient lies recumbent, with restraints wherever necessary to prevent movement of the spine. Lateral movements must be prevented and if necessary the head can be strapped to the headpiece—thus providing complete rest to the affected area. Uninterrupted recumbency is usually advisable for eighteen months to three years, but removal from the frame even then should depend on the condition of the diseased vertebrae. During the acute stage, x-ray photographs show the affected vertebrae to be decalcified with no limiting area of bone sclerosis. As the result of fixation the inflammation around the diseased area diminishes, the decalcification becomes less and gradually recalcification appears with an eventual ring of sclerosis around the affected bones. Removal of the patient from recumbency depends on the absence of pain, the presence of a normal temperature, a normal sedimentation rate, normal tendon reflexes, and the appearance of recalcification at the site of the disease.

Lying flat on a firm surface relieves the spine from weight-bearing. On a soft mattress which sags this result is not obtained. The flat frame (Bradford), the arched frame (Whitman), or a plaster posterior shell moulded to the back are all suitable forms of apparatus for bed treatment. It is the Bradford frame on which the best form of rest is obtained. Children bear this form of treatment extremely well for many months and even years. They can be moved out into the sun or from one room to another without disturbing the position of the diseased parts. The method of handling an individual on a frame is very important. The patient should never be allowed to sit up or to turn on his side. He may be turned on his abdomen several times a day, but while in that position he must never be allowed to raise his head and shoulders. To turn, the patient places his arms either straight above the head or close to the sides of the body. One nurse may turn a child by passing her arms under his body at shoulder and hip level, and, grasping the far shoulder and hip draw him towards her and turn him as one unit. For an adult however it is necessary that two nurses be available.

To further ensure the prevention of any unnecessary movement special lockers can be constructed which are as high as the frame and so are easily reached by the patient. At the top of the bed a cotton bag may be hung in which the patient may keep any articles for which he has immediate use.

In some instances more complete rest of the diseased part is assured by the application of a plaster cast which consists of a posterior shell with an anterior lid. To turn this patient, the opposing half of the cast is buckled in place and the patient is turned as a unit and the uppermost portion of the cast is then removed.

Back care can be given with ease while the patient lies on his abdomen and pressure sores should not occur. After a few days of adjustment to the frame patients are very comfortable. A child may be secured to the frame by two crossed webbing straps passing over the shoulders under the arms, under the frame and then buckled. A pelvic band passes around the hips and under the frame and another binder is fastened around the knees in the same manner.

Attention must be paid to the prevention of foot drop which is liable to occur. This may be prevented by the use of a foot rest and by encouraging the patient to exercise his feet.

Regular bowel elimination is very desirable and can be obtained by diet rather than by the use of laxatives. The abnormal position of the patient and the lack of movement gives rise to stasis of the urine and often to the formation of stones. If this occurs an acid ash diet is given and forced fluids.

Sedatives are not necessary as pain is unusual and physical discomfort minimal once the patient becomes accustomed to the frame. Occupational therapy will help to make the illness more pleasant and profitable because he still has the use of his hands.

The operative treatment of Pott's disease can be defined as the fusion of the unaffected spinous processes and laminae of the diseased vertebrae in an attempt to produce more rigid fixation of the affected area and to hasten the cure of the disease. In adults, surgery is the method of choice as it definitely shortens the course of the disease and promotes healing of the lesion. It returns more than half of the patients to their homes within twelve to eighteen months.

Two methods of operation are in common use today. In the Hibb's fusion the luminae, spinous processes and articular processes are fused together by removal of the periosteum and articular cartilage. In the Albee operation the affected area is stabilized by means of a bone graft taken from the tibia and implanted into the spinous processes. Operative treatment diminishes the period of recumbency to six or eight months or until such time as bony union is complete.

When all indications of activity of the disease have disappeared plaster jackets may be applied to render firm support to the spine. In order to be effective a jacket should be left on for fifteen to sixteen months. The complete jacket treatment may take four or five years. Removable jackets are more hygienic but give less efficient support. Frequent inspection is necessary because plaster casts often become infected with vermin. As convalescence continues the apparatus may be removed for a short period each day and then reapplied. These periods are gradually increased until the support is finally dispensed with.

Bone tuberculosis, under suitable treatment, seldom causes death but in the absence of adequate treatment the prognosis becomes grave and the disease may spread to all parts of the body. Death then results from tuberculosis meningitis. Serums and vaccines have never proven successful.

After the period of convalescence the patient must continue to lead a moderate life. He may even be required to change his occupation, as it is preferable that he do light work in the open air. He must continue to have a well-balanced diet. With reasonable care it is possible for him to live a life which is normal in its enjoyments and usefulness.

Roy thinks that he would like to be a cowboy but perhaps we can direct him into a more suitable calling.

Repairing Spectacles at the Front

Optical Repair Unit trucks have been devised by the Medical Department to provide repair and replacement facilities for spectacles in overseas theaters. Special bodies have been built which contain complete optical repair shops. These optical repair units are mounted on 2½ ton trucks, their mobility enabling them to keep up with advance forces making it possible to issue and repair spectacles for troops. The truck is equipped with heat and electricity and is s devised that the staff of seven can work at one time. Each unit is staffed by one officer and six enlisted men who are opticians skilled in the maintenance of spectacles; it is capable of turning out between eighty and one hundred complete spectacles a day.

Office of the Surgeon General
Technical Information Division
Washington, D. C.

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Tiny bodies, externally alike, may differ basically in their requirements of Vitamin D. That is why Squibb Cod Liver Oil comes in two potencies—Squibb Cod Liver Oil for normal babies and Squibb Cod Liver Oil with Viosterol 10D for premature or rapidly growing infants.

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Victorian Order of Nurses for Canada

The following are the staff appointments to, transfers, and resignations from the Victorian Order of Nurses for Canada:

The following nurses, who have been on leave of absence from the Victorian Order, have completed the course in public health nursing and have been posted as follows: *Geraldine Garnett* to the Brockville Branch; *Normina MacLean* to the Gananoque Branch; *Allison Dilts* to the Weston Branch; *Olive Bell* to the Sydney staff and *Kathlyn Macdonnell* to the East York staff.

Margaret P. Smith, a graduate of the Halifax Infirmary and of the course in public health nursing, University of Toronto, has been appointed to the Woodstock (N.B.) Branch.

Jean Linton, a graduate of the Victoria Hospital, London, with B.Sc.N. University of Western Ontario, has been appointed to the Border Cities staff.

Dorothy Sisson, having completed a course in public health nursing, has been appointed to the Winnipeg staff.

Lora Furhop, a graduate of the University of Alberta Hospital, with B.Sc.N. University of Alberta, has been appointed to the Surrey staff.

Edith MacLean, a graduate of the Royal Alexandra Hospital, Edmonton, with B.Sc.N. University of Alberta, and *Evelyn Knowles,* a graduate of the Ottawa Civic Hospital and of the course in public health nursing, University of Toronto, have been appointed to the Calgary staff.

Catharine Kelly, a graduate of Victoria Hospital, London, with B.Sc.N. University of Western Ontario, has been appointed to the London staff.

Yvonne Ouellet, a graduate of Notre Dame Hospital, Montreal, and of the course in public health nursing, University of Montreal, has been appointed to the Montreal staff.

Aileen Symington, a graduate of Victoria Hospital, London, with B.Sc.N. University of Western Ontario, has been appointed to the London staff.

Alison Mann, a graduate of Vancouver General Hospital and of the course in public health nursing, University of British Columbia, has been appointed to the Vancouver staff.

Bessie Julien has been re-appointed to the York Township staff.

Ruth Russell, a graduate of St. Andrew's Hospital, Midland, has been appointed temporarily to the Barrie Branch.

Madeline Desnoyers, a graduate of Hôpital de l'Enfant Jesus, Quebec, has been appointed temporarily to the Ottawa staff.

Marguerite Leahy, a graduate of St. Paul's School of Nursing, Saskatoon, has been appointed temporarily to the Montreal staff.

Margaret Murchy, a graduate of Victoria General Hospital, Halifax, has been appointed temporarily to the Halifax staff.

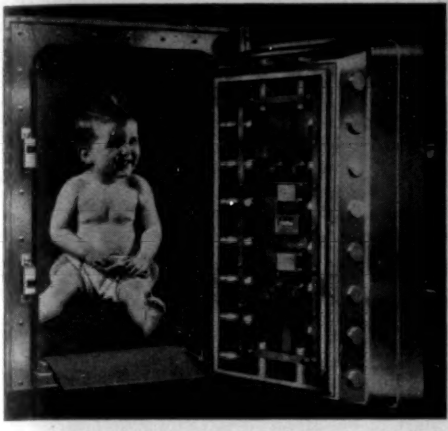
The following nurses have been granted Victorian Order scholarships for post-graduate study in public health nursing and are on leave of absence from the Order to attend various Canadian universities: *Elizabeth Hicks,* East York; *Doris Small,* Trenton; *Helen Voss,* Pictou; *Winnifred Tredaway,* Edmonton; *Margaret Holder,* Liverpool; *Margaret de Laurier,* Border Cities; *Gladys Hergett,* Halifax; *Margaret McPherson,* Belleville; *Julia Meyer,* North Bay; *Beryle Hawley,* Montreal; *Bessie Baillie,* Kingston; *Vivian Dodd,* York Township.

Rosella Cunningham has resigned from the Woodstock (Ont.) Branch to accept a position with the Ottawa Public Schools. *Lila Langford* has resigned from the Sarnia Branch to accept a position with the Ottawa Secondary Schools.

Marion Tresidder has resigned as a supervisor on the Toronto staff to accept a position at the University of Toronto School of Nursing. *Isabel Gleason* has resigned from the Toronto staff to accept a position with the Kiwanis Club of Toronto. *Mary Willett* has resigned from the Toronto staff to do other work.

Marianne Coleman has resigned from the London staff to accept a position with St. Joseph's Hospital, London.

Dorothy Titus who has been temporarily in charge of the Woodstock (N.B.) Branch has resigned to take the course in public health nursing.



Even if babies were kept in a safe, they would not be protected against harmful germs that are in the air everywhere. But you can help protect babies' skin against germs by using Mennen Antiseptic Baby Powder.

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You have an important responsibility to warn mothers not to buy baby powder as a mere "cosmetic" . . . but as a real health aid! Tell them the facts which prove that new Mennen Antiseptic Baby Powder keeps babies safer two ways: Being antiseptic, it helps keep baby's skin free of many rashes in which germs play a part . . . diaper rash, prickly heat, scalded buttocks, impetigo. (In a survey of U. S. doctors, 3 out of 4 said they prefer baby powder to be antiseptic). Also, being smoother than other powders, Mennen Baby Powder protects the skin better against painful chafing. Delicate new scent keeps baby lovelier. Mennen powder should be used in diapers, as well as all over baby's body. Best for baby, also best for you. **THE MENNEN CO. LTD., 64 Gerrard St. E., Toronto, Ontario.**

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Mrs. E. C. McReynolds has resigned from the Montreal staff to do other work.

Caroline Farina has resigned from the Burnaby staff to join the R.C.A.M.C. Nursing Service.

Marguerite Ries is on leave of absence from the Order to take post-graduate study in public health nursing.

Violet Beckwith, who has been temporarily in charge of the Newcastle Branch, has resigned.

Martha Earle, Gananoque Branch; *Ruth Blackwood,* Yarmouth staff; *Ilene Cruickshank,* Border Cities staff; and *Eleanor Fraser,* Montreal staff, have all resigned to be married.

Marion Faulkner has resigned from the Saint John (N.B.) staff. *Doreen Piirainen* has resigned from the Sudbury staff. *Veronica Kinsey* has resigned from the Vancouver staff. *Ethel Remmer* has resigned from the Victoria staff.

Eleanor Fothergill has been transferred from the Brockville Branch to the Kingston Branch. *Vera Bruegeman* has been transferred from the Weston Branch to the Sarnia Branch. *Frances Kidd* has been transferred from the Pictou staff to the Lunenburg Branch. *Hazel Dobson* has been transferred from the Vancouver staff to the Burnaby Branch temporarily. *Marion Wismer* has been transferred from the Vancouver staff to the Montreal staff. *Jeanne Bertrand* has been transferred from the Ottawa staff to the Montreal staff. *Margaret McLeod* has been transferred from the Halifax staff to the Pictou staff.

Ontario Public Health Nursing Service

Elva Earle (Hotel Dieu Hospital, Cornwall, and McGill University public health nursing course) has been appointed to the staff of the Department of Health, Hamilton.

Harriett Brown (University of Toronto School of Nursing and public health nursing course) has been appointed to the staff of the Victor Home, Toronto.

Elizabeth Gillespie (Hospital for Sick Children and University of Toronto public health nursing course) has resigned her position at Schumacher to attend the course in supervision and administration at the McGill School for Graduate Nurses.

Annie Carson (Welland County General Hospital and course in School Nursing) has resigned her position with the Lincoln County School Health Unit and has gone to Barrie to relieve *Vera McMahon* who has been granted a year's leave of absence.

Lila Langford (Victoria Hospital, London, and University of Western Ontario public health nursing course) has accepted a position with the Ottawa Collegiate Board.

Mrs. Eileen Troop (B.A., University of Toronto; B.N., Yale University; and University of Toronto public health nursing course) has resigned her position with the City of Toronto Department of Health to accept an appointment with UNRRA.

Edith Mogk (Toronto Western Hospital and University of Toronto public health nursing course) has resigned her position with the Red Cross and has been appointed staff nurse with the Kitchener Department of Health.

Marion Thompson (Toronto General Hospital and University of Toronto public health nursing course) has resigned her position with the North York Department of Health and accepted an appointment with the Peel County School Health Unit.

New Brunswick Public Health Nursing Service

Ernestine Theriault (Hotel Dieu Hospital, Moncton, and University of Montreal public health nursing course) has been appointed to work in Gloucester County.

GROWING RAPIDLY--They Need Extra Protein

The protein requirement of children is considerably higher than that of adults. McLester* suggests that children under 6 years of age should receive 3 Gm. of protein of high biologic value per kilogram of body weight. During rapid growth periods even more may be needed.

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Prepared either with water or with milk, Horlick's has such a low curd tension that it is easily digested and, of course, children love its delicious nut-like flavor.

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*McLester, J. S.: Nutrition and Diet in Health and Disease, 3rd Ed., W. B. Saunders Co. (1939).

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Margaret Branch, who has worked in Gloucester County for the past two years, has been transferred to Northumberland County to organize the work there.

Lois Smith (University of Toronto public health nursing course) has been appointed to organize the service in Queens and Sunbury Counties.

Lola Turner (Moncton City Hospital and University of Toronto public health nursing course) has been appointed to organize the work in Victoria County.

Saskatchewan Public Health Nursing Service

Marjorie Leger and *Edna Moore*, recipients of the Canadian Nurses Association bursaries, recently left to take post-graduate courses in public health nursing at the University of Toronto School of Nursing. *K. J. Clark*, public health nurse of the city of Yorkton, is taking a post-graduate course in public health nursing at the University of Manitoba. *Blanche Treble* has registered for the public health nursing course at the University of British Columbia.

W. Gall and *C. Boyko* are recent appointments to the staff and have been assigned to Wolseley and Preeceville districts.

D. Code (University of Toronto public health nursing course) has joined the provincial staff and is public health nurse in the Shaunavon South district.

Mrs. H. Fletcher (public health nursing course, McGill School for Graduate Nurses), *L. McColl*, and *M. P. Edwards* (University of British Columbia public health nursing course) have returned to their respective districts after a year's leave of absence for post-graduate study.

Vera Shirley, public health nurse in the Kerrobert district, has resigned to be married.

Book Reviews

Techniques of Supervision in Public Health Nursing, by Ruth B. Freeman, R.N., B.S., M.A., Associate Professor of Preventive Medicine and Public Health and Director of the course in Public Health Nursing, University of Minnesota. 411 pages. Published by the W. B. Saunders Company, Philadelphia & London. Canadian agents: McAinsh & Co. Ltd., 388 Yonge St., Toronto 1. 1944. Price $3.25.

Reviewed by Mary S. Mathewson, Assistant Director, McGill School for Graduate Nurses.

"Supervision may be defined as a co-operative educational process which has as its objective the improvement of nursing service. This improvement is facilitated through the fullest possible development of each staff member; by the achievement of integration between service and community; and by the development and constructive use of scientific procedures."

This broad interpretation of supervision in public health nursing forms the basis for a very practical book, and gives a clearer picture of its content than the title implies. The author's belief that supervision is an art rather than "a series of skills" is evident throughout. Workable techniques and devices are offered for putting such a philosophy into operation, but are suggested only as a starting point from which each supervisor must work out her own supervisory pattern.

Miss Freeman proceeds in a realistic and readable fashion to show how a program should be planned. The comprehensive nature of the book is shown by a glance at the chapter headings which

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New second edition brings an up-to-date section on Communicable Diseases. New chapters on Industrial Hygiene and Medical Care have been added.

Francis & Morse — **Fundamentals of Chemistry $3.50**

In the second edition chapters on chemical measurings and theory connected therewith have been simplified, more material on vitamins included, and the chapter on cyclic compounds has been re-organized and completely revised.

Francis & Morse — **Laboratory Manual $1.00**

Kovacs — **Manual of Physical Therapy $3.75**

Third edition published this year. Wartime conditions have brought about a full appreciation of the value of well planned and well applied treatment by physical agents. This edition has been rewritten, amplified and brought up-to-date to furnish a comprehensive volume designed to meet the needs of wartime and post-wartime physical therapy work.

include such topics as supervision in the field, supervision of records, individual and group conference methods, preparation and use of manuals, planning the staff education program, student programs, maintenance of staff health, meeting the needs of the typical nurse, improving the teaching ability of the staff, building social awareness, evaluation of performance and evaluation of supervision. The emphasis is placed on helping the staff nurse to help herself, as for example, in improving the teaching ability of the staff, "the nurse must be helped to grow into teaching rather than be told how to teach."

An excellent chapter on office administration shows good office management in its proper perspective, not as "the step-child of the supervisory function" but as fundamental to all other phases of supervision.

The author reveals throughout a first-hand knowledge of the field. The use of examples from experience adds greatly to the value of the text, and sample work sheets for various activities offer concrete suggestions which are most helpful.

Any tendency to complacency about present methods should be finally dispelled by the brief section on unmet needs in supervision, for, as the author states, "the amount now known is infinitesimal" and "the field of supervision is filled with questions for which no answer has yet been found."

This volume has much to offer to the supervisor in the hospital as well as in the public health nursing field. At the same time it shoud be helpful to the staff nurse who stands in much the same relation to the families she serves as the supervisor to her staff. It should stimulate both beginners and experienced supervisors to experimentation and the development of more effective methods of supervision in public health nursing.

Attaining Maturity, by Luella Cole, Ph.D. 212 pages. Published by Farrar & Rinehart, Inc., New York. Canadian agents: Clarke, Irwin & Co. Ltd., 480 University Ave., Toronto 2. 1944. Price $2.50.

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Written by an eminent psychologist and educator who has had many years of practice and observation in these dual fields, *Attaining Maturity* is designed to provoke thoughtful consideration in the minds of its readers, inspiring them to search out incongruities in their own adjustment to the world as we know it. Dr. Cole asserts, "within recent times people have had more opportunity than ever before to live childish lives because of the protection given them by their modern mechanized environment". "The middle-aged women with not enough to do to keep them busy and not enough maturity to find contentment for themselves are the mainstay, not only of beauty parlors and freak religions but also of mental clinics". While most nurses are finding more than enough to occupy them today, many have quirks and moody spells which they themselves cannot explain. Dr. Cole gives us the answer to these problems, simply, directly and in language which makes for very easy reading.

The advantages and disadvantages of attaining maturity are discussed. "The chief advantage is that one is as free as it is humanly possible to be". From this freedom the adult may reach a stage of contentment and security which makes the so-called happy years of childhood seem an illusion. The chief asset of the mature adult is courage; courage to face difficulties as well as courage to enjoy pleasures.

Dr. Cole outlines the criteria of maturity — intellectual, emotional, social and moral maturity. Various popular escapes from maturity are described in some detail, such as escape by solitude, by sophistication, by illness. Her solutions are not difficult for even the most perverse to attain. "The tests of a good solution are relief from strain, an increased contentment, and a chance to grow in usefulness". The art of living with other people, in the world as it is, is the task of each one of us. Nurses will receive stimulation from this interesting guide-book.

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The Public Health Nurse in the Community, by Clara B. Rue, R.N., B.S. 283 pages. Published by the W. B. Saunders Company, Philadelphia & London. Canadian agents: McAinsh & Co. Limited, 388 Yonge St., Toronto 1. 1944. Price $3.00.

In her preface, the author indicates that she has "confined the contents . . . to a consideration of the broad aspects of the public health nursing program and the general principles important to all services". As a text for students in public health nursing, the simple, direct development of this book will make it an exceedingly useful addition to the required reading lists.

Beginning with the evolution of community nursing, Miss Rue shows how modern developments in preventive medicine have altered the emphasis from the time when the worker was chiefly concerned with improving the environmental sanitation, through the "period of the scientific control of communicable disease by the application of bacteriology" to the present time when the education of the community is the keynote of the approach. Progress through the era of specialization and the various factors which gradually led to a greater emphasis on the generalized program are discussed in detail. Thorough attention is paid to the importance of full co-operation with various other community services, including the utilization of lay participation in both private and official agency work. The chapter on illness and the public health program shows the role of the nurse in the prevention and control of the degenerative diseases such as heart disease, cancer, and diabetes. Always a bugbear to nurses, the problems associated with records and reports are dealt with in a convincing fashion.

The material is systematically arranged to bring to the public health nursing student an appreciation of the broad scope of her elected field of study. Each chapter has a carefully selected bibliography, useful for additional study. This text will appeal to instructors in public health nursing for the completeness of the material on the various topics.

NEWS NOTES

BRITISH COLUMBIA

VANCOUVER:

The Council of the Registered Nurses Association of British Columbia entertained recently at Hotel Georgia in honour of Miss Helen Randal. Guests were received by the president, Miss Grace Fairley; vice-presidents, E. Mallory and E. Clarke. Asked to pour tea were E. Palliser, A. Creasor, Mmes. W. G. Sinclair, T. H. Lennie, A. V. Webster, Lee Smith, W. A. Whitelaw, and Hamish MacIntosh.

At the September meeting of the Vancouver Chapter, R.N.A.B.C., West and North Vancouver Chapters were invited as guests to hear the reports of the delegates to the C.N.A. convention. Interesting reports were presented by Alice Wright, registrar and executive secretary; Trenna Hunter, public health; Jean Gibson, general nursing; Emily Nelson, hospital and school of nursing; and Elizabeth Braund, placement service. A donation of twenty-five dollars was sent to the Kinsmen Club "Milk for British Children" Fund.

Vancouver General Hospital:

Staff nurses at the V.G.H. entertained recently at tea honouring Miss Elizabeth Smellie, chief superintendent of the V.O.N. for Canada. Miss Elinor Palliser, director of nurses, received, and Beth McCann and Emily Nelson presided at the tea-table. Miss Smellie addressed a mass meeting of V.G.H. student nurses when she won their friendship and admiration by reason of her happy and encouraging outlook and by her accomplishments in the nursing world.

St. Paul's Hospital:

The annual "Country Fair", complete with a suckling pig as prize in the drawing, of St. Paul's Hospital Alumnae Association was held recently. Mrs. J. W. Lane was again convener, assisted by an able committee. Quantities of fresh fruit, vegetables, eggs, and plants were on sale, along with stalls of low-priced Christmas gifts. Proceeds will be used to further the Association's War Bond drive.

Nurses from the Vancouver General Hospital took both the singles and doubles matches from the St. Paul's team in the recently concluded tennis tournament. Competitors

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EXAMINATION
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●

An examination for the Registration of Nurses in the Province of Ontario will be held on **November** 15, 16, and 17.

Application forms, information regarding subjects of examination and general information relating thereto, may be had upon written application to:

ALEXANDRA M. MUNN, Reg. N.,
Parliament Buildings, Toronto

from both schools of nursing took part in the two-day meet which was concluded with a tea and presentation of prizes by Sister Columkille in the St. Paul's nurses home.

New Westminster:

New Westminster nurses serving overseas will receive Christmas parcels from New Westminster Chapter, R.N.A.B.C. Arrangements for packing and sending the parcels were made at a regular meeting. Plans were also made to hold the Fall bazaar in the Lillian McAllister Home. Alice Wright, registrar of the R.N.A.B.C., reviewed the activities of the Association and spoke of its value to the individual nurse, the profession, and the community.

Prince Rupert:

The Prince Rupert Chapter, R.N.A.B.C., has resumed its regular monthly meetings. It was decided to hold a tea at the home of Mrs. Gordon Bryant with part of the proceeds going in aid of the Pioneers' Home. Officers elected are: president, Mrs. J. Morrow; vice-president, Mrs. J. Chamberlain; recording secretary, M. Colwell.

NEW BRUNSWICK

Moncton:

Reports were heard at the first meeting of the season of the Moncton Chapter, N.B. A.R.N., held at the Moncton Hospital. Miss A. J. MacMaster presided. Twenty-six members were in attendance. A report of the General Nursing Section was given by Helen Sinnot. Myrtle Kay, convener of refugee work, read a report which showed that the making of layettes was being continued for the Red Cross. A collection was taken for cigarettes to be sent to members in the services overseas. A committee was appointed to deal with the matter of Christmas gifts for nursing sisters overseas. Miss MacMaster read several letters from nursing sisters and they were enjoyed by all present.

ONTARIO

Editor's Note: District officers of the Registered Nurses Association may obtain information regarding the publication of news items by writing to the Provincial Convener of Publications, Miss Irene Weirs, Department of Public Health, City Hall, Fort William.

DISTRICTS 2 AND 3

The regular fall and winter programs are in full swing in Districts 2 and 3, R.N.A.O., with all alumnae heard from having held their first meeting. The industrial nurses of Kitchener and Waterloo held an interesting meeting at the Dominion Woollens of Hespeler with a tour through the Dominion Housing plant connected with the industry. Anne Baker was hostess. The next meeting will be held at Burns Limited, Kitchener, in the form of a supper meeting with Anne Buhlman as hostess. Grace Kaiser of Blue Top Brewing Co. is the chairman of this group of alert nurses.

The first meeting of the Kitchener and Waterloo Chapter was held recently with Florence Weicker presiding. Dr. R. O. Winn addressed the group on the care of the mouth.

The next regular meeting of the District will be held at Freeport Sanatorium on November 2, when members and visitors will be made welcome by the superintendent and staff. This institution is beautifully situated on the banks of the Grand River between Kitchener and Preston.

PRINCE EDWARD ISLAND

Mrs. Gordon C. Warren was elected president of the Prince Edward Island Hospital Alumnae Association at their recent annual meeting. Other officers elected included: vice-president, Evelyn MacEachern; treasurer, May Herring; secretary, Edith Hume. Only routine business was transacted.

QUEBEC

Montreal General Hospital:

The number of graduates attending University this year now numbers twelve with Marie Pavlasek, who expects to return to her country, Czechoslovakia, for which purpose she has undertaken the training as a nurse and now a post-graduate course in teaching and supervision. Graduates of the school will be interested to learn that we have a full-time librarian in charge of the reference library and reading room in connection with the teaching unit. Miss Morrison is a retired school teacher and therefore well prepared to fill this position.

Norena S. Mackenzie, who for the past year has been associated with the R.N.A.P.Q.

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GYNECOLOGY AND GYNECOLOGIC NURSING

By **Norman F. Miller, M. D.**, Professor of Obstetrics and Gynecology, University of Michigan; and **Virginia Bryant, R.N.**, formerly Supervisor of the Gynecology Wards, University of Michigan Hospital. 378 Pages, Illustrated. **$3.25.**

This new book is designed to help student nurses understand the significance of diseases of the female reproductive system. It emphasizes the nurse's part in the prevention and early recognition of these conditions and develops an attitude toward this branch of nursing that is wholesome, scientific and social.

All the conditions specified by the Curriculum Guide for the course are covered, and all gynecologic nursing procedures are presented in a manner designed to make the reason as well as each step in the procedure, clearly understood.

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as travelling instructor, has now left for Washington to commence her duties in connection with UNRRA. Miss Mackenzie expects to be sent to Europe in the near future. Miriam Gray, who after graduating spent a short time at the M.G.H. as a staff nurse, for some years now has been a member of the Q.A.I.M.N.S. A letter recently received informs us that she has been promoted to Principal Matron of a British hospital in France. Lorna J. Ellard, staff nurse at the Central Division, recently joined the R.C.A.M.C. and after spending a few weeks at Ste. Anne's Military Hospital was transferred to Camp Borden. Mrs. Sutherland (Margaret A. Browne) has returned to the nursing staff and is again in her former position as sister-in-charge of Ward E. Beatrice Adam, formerly sister of Ward D children's surgery, is now in charge of a dermatological unit of seventeen adults. G. E. Williams has entered Dalhousie University this fall for the pre-medical course. Ruth Francis will re-enter the McGill School for Graduate Nurses this December in order to complete the course in teaching and supervision which was interrupted last year.

Royal Victoria Hospital:

Recent visitors at the School of Nursing were Mrs. Denham Grier (Kathleen Zwicker) from Johannesburg, S.A ; Nursing Sister Eleanor Johnson, R.C.A.M.C., and Miss McCombie from New Zealand.

Wilda Rattray and Elizabeth Geiger have been accepted for overseas service with UNRRA. Nursing Sisters Norsten, Thompson, and Batt have completed a three-months course in the operating room. Lillian MacKenzie has succeeded Gertrude Hall in the City Health Department, Winnipeg. Vera Arendt, Helene Lamont, and Leila Ellis are attending the McGill School for Graduate Nurses.

SASKATCHEWAN

It is with greatest satisfaction that the Saskatchewan Registered Nurses Association welcomes the return of Miss K. W. Ellis to her position as Adviser to Schools of Nursing and Registrar of the Saskatchewan Registered Nurses Association. Although Saskatchewan nurses have been happy to lend Miss Ellis to the nurses of Canada during the war emergency they feel that she belongs particularly to Saskatchewan and are most happy to have her back.

During the recent sitting of the Saskatchewan Health Survey Commission in Saskatoon, Miss K. W. Ellis entertained at the tea hour in the Bessborough Hotel. This pleasant occasion gave the nurses of Saskatoon an opportunity to meet Dr. Sigerist, chairman of the Commission, Dr. Mindel Sheps, secretary, and Mrs. Anne Heffel, the nurse member of the Commission. Mrs. Heffel, formerly Anne Morton, is a past president of the Saskatchewan Registered Nurses Association so her appointment on the Commission was particularly gratifying to the nurses of Saskatchewan. Miss M. R. Diederichs, president of the S.R.N.A., presided at the tea table.

Mary Bohl, Eileen Sheffer, and Irene Mandin, graduates of St. Paul's Hospital School of Nursing, Saskatoon, have recently returned from taking post-graduate courses at the University of St. Louis, Missouri. Miss Bohl and Miss Sheffer obtained a Bachelor of Science Degree (Nursing). The former and Miss Mandin are now members of the teaching staff at St. Paul's Hospital. Miss Sheffer is acting public health instructor at the Normal School, Saskatoon.

Mrs. Christena Christilaw and Mrs. Margaret MacLean (Tedford) are well known to many nurses who enjoyed contacts with them when they carried on so efficently as acting registrars of the S.R.N.A. at different periods during the past three years. Mrs. Christilaw is now in Ottawa where her husband is stationed and Mrs. MacLean has joined Flight Lieutenant MacLean at Portage la Prairie.

WANTED

General Duty Staff Nurses are required at once for the Woman's General Hospital. Good salary. Full maintenance. Address applications to:

Superintendent of Nurses, Woman's General Hospital, 4039 Tupper St., Westmount, Montreal, P. Q.

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Applications are invited from **Registered Nurses for General Duty:** Salary, $75 per month, with full maintenance; for permanent Night Duty, $85 per month. Apply to :

Mrs. E. M. Wright, Superintendent, Brome-Missisquoi-Perkins Hospital.
Sweetsburg, P. Q.

WANTED

A **Night Supervisor** is required for the **Victoria Public Hospital.** The salary is $100 per month, with full maintenance. Apply, stating qualifications, experience, and age, to:

Superintendent, Victoria Public Hospital, Fredericton, N. B.

WANTED

An **Assistant Night Supervisor** is required for a 90-bed hospital with an all graduate staff. Obstetrical and Operating Room experience preferred. Apply, stating experience, age, religion, and salary in first letter, to:

The Superintendent, Galt Hospital, Galt, Ont.

WANTED

Two fully qualified **Public Health Nurses** are required for city **Health Department.** Salary up to $1,600 depending upon qualifications and experience. Apply to:

Secretary, Board of Health, City Building, Peterborough, Ont.

WANTED

A fully qualified **Public Health Nurse** is required to act as **Nursing Supervisor** for city **Health Department.** Position is available **immediately.** Salary up to $2,100 depending on qualifications and experience. Apply to:

Secretary, Board of Health, City Building, Peterborough, Ont.

WANTED

Applications are invited for the position of **Provincial District Nurse** in the **Province of Alberta.** Districts located in rural areas. Cottage, water and fuel supplied by community. **Salary:** Minimum of $1500 per annum, plus Cost of Living Bonus. Sick leave. Annual vacation provided after one year's service. Apply to:

Miss Helen G. McArthur, Superintendent of Public Health Nurses,
218 Administration Bldg., Edmonton, Alta.

WANTED

Applications are invited **immediately** for the following positions in a 115-bed hospital in **East Central Ontario:**

Instructress of Nursing with post-graduate training in Teaching.

Nursing Supervisor with post-graduate training in Supervision for Surgical and Medical Department.

Apply in care of:

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WANTED

Graduate Nurses are required for **General Duty** in a small, well-equipped hospital. Pleasant surroundings; good living conditions; eight-hour duty. Salary, $22 per week (less income tax) with full maintenance. Apply to:

Superintendent of Nurses, Anson General Hospital, Iroquois Falls, Ont.

WANTED

The **Local Board of Health, Township of North York,** requires an additional fully qualified **Public Health Nurse** for immediate appointment. The salary to start is $1400 annually, plus Cost of Living Bonus. Apply, stating qualifications and full particulars, to:

H. D. Goode, Secretary, Public Health Centre, Willowdale, Ont.

WANTED

Two Graduate Nurses are required for **General Duty** in the **Nicola Valley General Hospital, Merritt, B. C.** The salary is $80 per month, with full maintenance. Eight-hour duty; 48-hour week. Apply to:

The Superintendent, Nicola Valley General Hospital, Merritt, B. C.

WANTED

An Assistant to the **Superintendent of Nurses** is required by the **Sherbrooke Hospital.** Applicants must also be able to assist with the instruction for a rapidly-expanding English School of Nursing. Position available **immediately.** Apply, stating qualifications, experience, and **salary expected, to:**

Superintendent of Nurses, Sherbrooke Hospital, Sherbrooke, P. Q.

WANTED

Registered Nurses are required for **General Duty** in an 80-bed general hospital in **Southern Ontario.** All graduate staff; eight-hour day; six-day week. **Salary:** Minimum of $85 per month, increased at end of 6 months, and also after one year. Full maintenance. Two weeks sick leave and two weeks vacation with pay each year. Apply in care of:

Box 37, The Canadian Nurse, 522 Medical Arts Bldg., Montreal 25, P. Q.